



NEVADA STATE CONTRACTORS BOARD

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www.nscb.nv.gov

CERTIFICATION OF WORK EXPERIENCE

Incomplete certificates may not be accepted

PART 1: Trade Qualifier to complete this section:

Qualifying Individual's full legal name: _____
(FIRST) (MIDDLE INITIAL) (LAST) (SUFFIX)

LICENSE CLASSIFICATION: _____

What was your business relationship with the employer completing PART 2?

Supervisor Foreman Journeyman Contractor Employee Other: _____

PART 2: Employer to complete this section (AFTER Qualifier completes Part 1):

NOTICE: Providing a false statement in support of an applicant is cause for disciplinary action pursuant to NRS 624.3016(13)

What position did the individual in Part 1 hold while working for you?

Supervisor Foreman Journeyman Contractor Employee (W-2 only)

Full-Time (Provide aggregate number of years and months below) Part-Time (Provide aggregate number of years and months below)

FROM: _____ TO: _____ = _____ YEAR(S) AND _____ MONTHS
(month /day /year) (month /day /year)

Describe in detail the applicant's duties and responsibilities for the time period listed above. (Maximum characters 500)

Multiple certificates using identical language will not be accepted. You may be requested to provide additional information regarding the work you witnessed. Additional sheets signed under penalty of perjury may be attached.

EMPLOYER: I certify under penalty of perjury to the truth and accuracy of the statements and information contained herein. I also understand that this information will be verified.

Signature of Certifier Printed Name of Certifier Date

Company Name or Business Affiliation Position Title License No(s) State(s)

Address City State Zip

Daytime Phone Number E-mail Address

