

CLRB
Certificate of Experience

Required for NEW applications and renewals changing their license class or qualifying individual name.

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Number of years of experience in the building industry: _____

Details of experience. Fill out this section completely. Incomplete forms may be returned or rejected. Start with present job. If self employed, contact name should be other contractors that can verify your experience. Signature on reverse side is required.

Employer name: _____

Date of employment: From: _____ To: _____

Circle one: Full time Part time

Circle one: Commercial Residential

Duties performed: _____

Contact name: _____

Contact phone number: _____

Employer name: _____

Date of employment: From: _____ To: _____

Circle one: Full time Part time

Circle one: Commercial Residential

Duties performed: _____

Contact name: _____

Contact phone number: _____

Signature required on back side

Details of experience continued

Employer name: _____

Date of employment: From: _____ To: _____

Circle one: Full time Part time

Circle one: Commercial Residential

Duties performed: _____

Contact name: _____

Contact phone number: _____

Employer name: _____

Date of employment: From: _____ To: _____

Circle one: Full time Part time

Circle one: Commercial Residential

Duties performed: _____

Contact name: _____

Contact phone number: _____

Employer name: _____

Date of employment: From: _____ To: _____

Circle one: Full time Part time

Circle one: Commercial Residential

Duties performed: _____

Contact name: _____

Contact phone number: _____

This sheet may be copied as needed.

I certify that all of the statements made are true and correct to the best of my knowledge and are made in good faith.

Signature of Applicant: _____

Date: _____

Attach to application