Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8511
(866) 430-1033 Fax
www.dpor.virginia.gov



Board for Contractors
EXPERIENCE VERIFICATION FORM
No Fee Required

Use one Experience Verification Form per experience.

	The form must returned to the Virginia Board for Contractors at the address provided	d above.	
Secti	on A - To be completed by the applicant.		
Secti	on B - To be completed by one of the individuals listed below who will verify the applicant's v	work experien	ce.
	1. Building Official 5. Licensed Architect 2. Building Inspector 6. Licensed Professional Engineer or 3. Licensed Contractor 7. Other *: 4. Licensed Tradesman * If "Other" is chosen, your experience may be reviewed by the Board and this will result in a processed.		
Secti	on A: Applicant		
1.	Full Legal Name (As it appears on your government issued ID or other legal documentation.)		
	Last (required) First (required) Middle		Generation
 3. 	Provide one of the following identification numbers: Last 4 digits of Social Security Number and/or Virginia DMV Control Number Enter the same identification number as used on examination, previous applications or licenses on file State law requires every applicant for a license, certificate, registration or other authorization to engage in a business by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Mailing Address (PO Box accepted)	, trade, profession Motor Vehicles.	
	City	State	Zip Code
4.	Contact Numbers Primary Telephone Alternate Telephone		
5.	Dates Experience Obtained From: To:		
6.	During the time frame listed above, did you work: Full time Part time - How many hours a week (on average): Seasonal - give a brief explanation:		

7.	Describe in detail your <u>daily activities</u> as they relate to your trade designation, Contractor's classification <u>or</u> specialty in which you are applying for:
8.	List any trade-related certifications:
9.	I, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect the Board's decision to approve this application.
	Applicant's Signature Date
ΔGF	NCY USE ONLY:
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Secti	on B: Verifier(Completed by an ir	ndividual who can attest to the applicant's experience	listed above in Section A.)		
1.	Verifier's Inform	nation:				
	Name Job Title: Email Address					
	Contact Number	 ≙r				
	Mailing Addres					
		City		State Zip Code		
0	La d'a et a code de la	•	and describes a consequent to the constitution of			
2.		•	est describes your relationship to the applicant:	, , , ,		
	☐ Building Official - List Locality☐ Building Inspector - List Locality					
		sed Contractor	Pusings/Company Name			
			License Number (if applicable)			
	Licens	sed Tradesman	License Number (if applicable)			
	Licens	sed Architect	License Number (if applicable)			
	Licens	sed Prof. Enginee	Pr License Number (if applicable)			
	Other* - Provide a brief description of your relationship to the applicant: * Other may be an applicant's supervisor, a member of Human Resources from the company, a client, etc. A spouse or family member should not be used to verify experience.					
3.	In your own w	ords, describe the	applicant's work duties (experience) for which	you have been asked to attest:		
>			neans for the Board to <u>verify</u> that an applicant has the se Commonwealth of Virginia. Your response is apprecia	· ·		
4.	Provide the da	te(s) of when this	experience was obtained:			
5.	I certify, to the best of my knowledge, all information provided on this form is true and accurate.					
	Verifier's Signa	ature		Date		
	Johnson G Gigino					