



CONTRACTORS STATE LICENSE BOARD

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800.321.CSLB (2752) | www.cslb.ca.gov | CheckTheLicenseFirst.com

STATE OF CALIFORNIA
Governor Gavin Newsom

Certification of Work Experience

Please read the General Information on the previous page before beginning this form.

The qualifying individual from Page 1 of the application must complete the information in Part 1 below; then, the certifier (person certifying the experience) must complete Part 2. The experience must be verifiable through payroll records or similar documents. If additional space is needed to list the trade duties, please attach a separate sheet that must also be signed under the same certification statement contained below in line 9.

Use a separate form for each employer or work setting. If you need additional forms, please make a copy of this blank form or visit CSLB's website to print the form.

Please type or print neatly and legibly in black or dark blue ink - pencil is not acceptable.

FORMS CONTAINING STRIKEOUTS OR MODIFICATIONS MAY NOT BE ACCEPTED. Corrections must be initialed by the certifier.

PART 1 - QUALIFYING INDIVIDUAL (APPLICANT) INFORMATION

The qualifying individual must complete Part 1 in its entirety before the certifier completes Part 2.

1. QUALIFIER'S FULL LEGAL NAME Last First Middle
2. BUSINESS NAME OF COMPANY WHERE EXPERIENCE WAS GAINED - OR, IF YOU WERE SELF-EMPLOYED, LEAVE THIS SPACE BLANK AND CHECK THIS BOX [] (If you checked the box, skip line 3 and go to line 4.) LICENSE NUMBER OF COMPANY WHERE EXPERIENCE WAS GAINED
3. COMPANY'S BUSINESS STREET ADDRESS Number/Street Only - NO P.O. Boxes City State ZIP Code
4. WAS THE EXPERIENCE OBTAINED WORKING ON YOUR OWN PROPERTY AS AN OWNER-BUILDER (see previous page for definition)? [] Yes [] No
If you checked "Yes" above, use the Owner-Builder B-General Building Construction Project Experience form to provide information on completed projects.

PART 2 - WORK EXPERIENCE AND CERTIFICATION STATEMENT

The certifier must complete Part 2 in its entirety after the qualifying individual (applicant) has completed Part 1.

5. APPLICANT'S JOURNEYMAN-LEVEL OR HIGHER TIME-BASE WORKED IN SPECIFIC TRADE DUTIES (check one): [] FULL-TIME [] PART-TIME } FROM Month/Day/Year TO Month/Day/Year = YEAR(S) and MONTH(S)
(Do not claim credit for full-time work if applicant worked only part-time or if trade duties in requested classification were only one component of entire job. For example, if applicant worked half-time in specific trade duties for six (6) years, write "3 years" in the space above.)

6. IN THE SPACE BELOW, LIST ALL SPECIFIC TRADE DUTIES APPLICANT PERFORMED OR SUPERVISED IN THE CLASSIFICATION FOR WHICH THEY ARE APPLYING. PLEASE REFER TO THE DESCRIPTION OF CLASSIFICATIONS DOCUMENT FOR ASSISTANCE. (Do not list office work or individual project names.)

7. My business relationship to Name of Qualifying Individual (Applicant) is or was (check all that apply):
[] Employer [] Contractor (License Number) [] Foreman or Supervisor
[] Journeyman [] Fellow Employee [] Union Representative [] Business Associate

8. CERTIFIER'S STREET ADDRESS Number/Street Only - NO P.O. Boxes City State ZIP Code

PHONE NUMBER FAX NUMBER EMAIL ADDRESS

9. I certify that I have direct knowledge of the work covering the time period outlined above. I certify under penalty of perjury, under the laws of the State of California, that the information stated above is true and correct.

Date Signature Printed Name

Note: For information on the collection of personal information, please refer to the General Information and Instructions at the beginning of this application package, under the heading "Collection of Personal Information."

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