

**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: \_\_\_\_\_ % Residential: \_\_\_\_\_ % Commercial: \_\_\_\_\_

**Details of experience.** Fill out this section completely. Incomplete forms may be returned or rejected. Start with present job. List a minimum of 3 employers or references outside your current business/employer. **\*If self employed, list at least 3 contacts (can be other contractors, subcontractors, suppliers or vendors) outside of your company that can verify your experience for the dates you were self employed. Signature on reverse side is required.**

Employer/Business name: \_\_\_\_\_

Dates of employment/affiliation: From: \_\_\_\_\_ To: \_\_\_\_\_

Circle one:      Full time              Part time

Circle one:      Commercial              Residential

Duties performed: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact phone number : \_\_\_\_\_

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Employer/Business name: \_\_\_\_\_

Date of employment/affiliation: 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/Business name: \_\_\_\_\_

Date of employment/affiliation: From: \_\_\_\_\_ To: \_\_\_\_\_

Circle one:      Full time              Part time

Circle one:      Commercial              Residential

Duties performed: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact phone number (required): \_\_\_\_\_

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Employer/Business name: \_\_\_\_\_

Date of employment/affiliation: From: \_\_\_\_\_ To: \_\_\_\_\_

Circle one:      Full time              Part time

Circle one:      Commercial              Residential

Duties performed: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact phone number (required): \_\_\_\_\_

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Employer/Business name: \_\_\_\_\_

Date of employment/affiliation: From: \_\_\_\_\_ To: \_\_\_\_\_

Circle one:      Full time              Part time

Circle one:      Commercial              Residential

Duties performed: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact phone number (required): \_\_\_\_\_

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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**