

PSI MECHANICAL/PLUMBING EXPERIENCE VERIFICATION
NEW MEXICO CONTRACTOR LICENSING SERVICE

THIS WORK EXPERIENCE VERIFICATION MUST BE SUBMITTED WITH AN APPLICATION AND APPROVED BEFORE EXAMS MAY BE SCHEDULED.

TYPE OR PRINT CLEARLY. INCOMPLETE OR ILLEGIBLE FORMS WILL NOT BE PROCESSED

PLEASE READ THE FOLLOWING INSTRUCTIONS PRIOR TO COMPLETING THE ATTACHED WORK EXPERIENCE VERIFICATION. FOLLOWING INSTRUCTIONS COMPLETELY WILL AVOID DELAYS IN PROCESSING APPLICATION

INSTRUCTIONS FOR THE APPLICANT

Only the top portion of the Affidavit is to be completed by the Applicant. Complete ALL information requested.

For a description of the scope of work allowed under each classification, please refer to the Regulation and Licensing Department, New Mexico Administrative Code, Classifications and Scopes

One or more Forms may be completed and submitted to meet the experience requirement. ***ALL EXPERIENCE MUST BE WITHIN THE LAST 10 YEARS.** Approval shall be given to test ONLY for the license classifications(s) listed on the Affidavit.

NOTE: You may include education/technical training to satisfy the experience requirements. For qualifying party candidates, each year of training may be credited as one-half (1/2) year of experience, but in no case shall credited training exceed one-half (1/2) of the total experience requirement. Journeyman applicants may use credited training to satisfy the entire experience requirement if approved. Please include copies of your official transcripts and/or certificates.

INSTRUCTIONS FOR EXPERIENCE VERIFICATION

Individuals who are qualified to complete the Affidavit are as follows: Employers (past or present), Supervisors, Foremen, and other Contractors. Please carefully read the statement of the Affiant regarding work experience contained in the Affidavit. Answer the questions completely and fully. **DO NOT LEAVE ANY BLANKS.**

Supervisors and foremen must submit proof/verification of their position within the company. Out of state Contractors must attach a copy of their current state license to the affidavit. If your experience is with a company from a state that does not require a license, you must submit proof/verification that the company is an active/valid company. (tax certificate, business license listing the company name, corporation papers, etc.)

***The work experience verification must be signed by the person certifying the experience and notarized.**

***All attachments must be signed by the person certifying the work experience.**

All experience must have been gained while employed by a contractor licensed in the trade being applied for, or considered legal work in the state in which the work was performed. There are some limited exceptions to this work experience requirement. For example certain military, volunteer, and homeowner experience may be used in some circumstances. Please contact PSI for more information regarding these exceptions. Work experience requirements are a minimum of:

Four years (8,000 hours)

MM1, MM2, MM3, MM4
MM98
MS12
MS14

TWO YEARS (4,000 HOURS)

JP
JG
JPG
JPF
JR
JS
JSM

6 MONTHS (1000 HOURS)

BO1
BO2

APPLICANT: Upon completion of the Affidavit, please deliver original(s) by mail or in person to:

PSI, 2301 YALE BLVD, SE SUITE C4, ALBUQUERQUE, NM, 87106

PLEASE INCLUDE A SELF-ADDRESSED, STAMPED ENVELOPE

PLEASE ALLOW 10-14 WORKING DAYS FOR PROCESSING.

If approved, PSI will mail you an eligibility card containing exam registration and scheduling information.



MECHANICAL/PLUMBING EXPERIENCE VERIFICATION

Candidate name: _____ Date: _____

Address: _____ city _____ state _____ zip _____

SS#: _____ CLASSIFIATION(S) APPLYING FOR: _____

*A COMPLETED QUALIFYING PARTY or JOURNEYMAN APPLICATION MUST BE SUBMITTED WITH THIS AFFIDAVIT. USE ONLY INK AND DO NOT MAKE CORRECTIONS USING CORRECTIVE FLUID OR ANY OTHER MEANS INCOMPLETE OR ILLEGIBLE FORMS WILL BE RETURNED AND PROCESSING WILL BE DELAYED

*CIRCLE THE CLASSIFICATION THE APPLICANT IS APPLYING FOR AND CHECK THE BOXES THAT APPLY TO THE CANDIDATES WORK EXPERIENCE AND LIST THE HOURS OF EXPERIENCE. YOU MAY ATTACH ANY ADDITIONAL INFORMATION IN REFERENCE TO THE APPLICANTS WORK EXPERIENCE. ALL ATTACHMENTS MUST BE SIGNED.

RESIDENTIAL, COMMERCIAL AND INDUSTRIAL - REQUIRED EXPERIENCE

JP/MM-1 PLUMBING

- Rough in installation (e.g. underslab, crawl space site utilities including yard lines, installation of water and sanitary piping)
- Top out (e.g. water and sanitary piping above floor and extensions through roof and/or walls)
- Final (e.g. installation of fixtures, appliances including water heaters, and water and sanitary final connections)

TOTAL HOURS _____

JG/MM-2 NATURAL GAS FITTING

- Rough in installation (e.g. underslab, crawl space, site utilities including yard lines, installation of natural gas piping)
- Top out (e.g. natural gas piping above floor and extensions through roof and/or walls)
- Final (e.g. installation of gas fired appliances, and energy connections)

TOTAL HOURS _____

JR/JSM/MM-3 HEATING, VENTILATION AND AIR CONDITIONING

- Rough in installation (e.g. underslab, crawl space installation of ducting, and ventilation)
- Final (e.g. termination of vents, duct outlets, installation of appliances including boiler, furnace, cooler, installation of supply return and combustion air ducts)

TOTAL HOURS _____

JPF/JR/MM-4 HEATING, COOLING AND PROCESS PIPING

- Rough in installation (e.g. underslab, crawl space installation of process piping for steam, medical gas and hot, chilled or condensing water systems; installation of pressure vessels such as boilers, installation of pneumatic controls)
- Final (e.g. energy connections, installation and placement of processing equipment, process piping identification, piping terminations at equipment juncture)

TOTAL HOURS _____

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SPECIALTIES - REQUIRED EXPERIENCE

MS-3 SEPTIC TANKS AND SEWER

- Installation (e.g. trenching and back filling, install leach systems and disposal fields, place tanks, install tank tie-ins, place manholes, and sewer lines)

TOTAL HOURS _____

JS/MS-6 LAWN SPRINKLERS

- Installation (e.g. trenching and back filling, install water piping and terminations, irrigation zoning and controls).

TOTAL HOURS _____

MS-12 FIRE PROTECTION SPRINKLERS

- Installation (e.g. install, repair or service fire protection systems using water)

TOTAL HOURS _____

MS-14 DRY CHEMICAL FIRE PROTECTION

- Installation (e.g. install, repair or service fire protection systems using dry chemicals)

TOTAL HOURS _____

BO1/BO2

- Low Pressure
- High Pressure

TOTAL HOURS _____

SIGNATURE OF PERSON CERTIFYING THE WORK EXPERIENCE: x _____



DO NOT LEAVE ANY BLANKS!

Candidate name: _____ Date: _____

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1. THIS WORK WAS PERFORMED FROM _____ / _____ TO _____ / _____
MO YR MO YR (CIRCLE ONE)
PART TIME or FULL TIME
Hours per week
WHILE APPLICANT WAS EMPLOYED BY _____ CO. LICENSE # _____
ATTACH A COPY OF THE LICENSE

**IF YOU WORK EXPERIENCE IS WITH A COMPANY FROM A STATE THAT DOES NOT REQUIRE A LICENSE, YOU MUST SUBMIT PROOF/VERIFICATION THAT THE COMPANY IS AN ACTIVE/VALID COMPANY. (tax certificate, business license listing the company name, corporation papers, etc.)*

2. ADDITIONAL WORK EXPERIENCE INFORMATION ATTACHED YES NO (attachment must be signed)

3. APPLICANT'S POSITION WHILE PERFORMING WORK: (CHECK ONE)
 JOURNEYMAN FOREMAN SUPERVISOR CONTRACTOR OTHER _____

4. I HELD THE FOLLOWING POSITION WHILE APPLICANT WAS PERFORMING THE WORK. (CHECK ONE)
 EMPLOYER CONTRACTOR Supervisor Forman OTHER _____

**Contractors must attach a copy of their current state license. If your position with the company does not require a license, you must submit proof/verification of your position with the company*

Do not leave any blanks!

Applications/work verifications that are incomplete or that do not have requested attachments will be rejected.

PERSON CERTIFYING (Print)

In making this certification for _____ (candidate name), I _____ (person certifying), have not relied on statements made to me by applicant or third parties, and swear under penalty of perjury that the information provided in this certification is true and correct to the best of my personal knowledge. I understand that my license may be subject to discipline if the information given and attested to by me herein is determined to be intentionally misleading or fraudulent.

Signature of Person Certifying LICENSE # _____ STATE _____
Attach a copy of the license

Address CITY STATE ZIP

Phone No. _____ Fax No. _____ Email _____

NOTARY

Subscribed and sworn before me this _____ day of _____ 20_____

SEAL

Notary Public

My commission expires _____ 20_____

