

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 BEFORE COMPLETING THE WORK EXPERIENCE VERIFICATION FORM.
FOLLOWING INSTRUCTIONS COMPLETELY WILL AVOID DELAYS IN PROCESSING APPLICATION.

Instructions for Applicant:

You may only fill out the top portion of page 1 of the form (personal information). Complete ALL information requested.
The rest of the form must be completed by your verifier.

For a description of the scope of work allowed under each classification, please refer to the *New Mexico Administrative Code, 14.6.6 Classifications and Scopes*

ALL EXPERIENCE MUST BE WITHIN THE LAST 10 YEARS TO BE ELIGIBLE. Experience outside of the most recent 10 years will not be accepted.

You may use one or more forms to meet the experience requirement.

NOTE: You may include education/technical training to satisfy the experience requirements. 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. Please include copies of your transcripts. (*ex: 12 relevant credit hours can typically be credited as 500hrs of experience*)

TWO YEARS (4,000 HOURS)		FOUR YEARS (8,000 hours)	
ER1	ER1J	EE98	EE98J
ES1	ES1J	EL1	EL1J
ES2	ES2J		
ES3	ES3JJ		
ES7	ES7J		

Instructions for Verifier

Please carefully read the Affiant Statement, which regards work experience contained in the Affidavit.
Answer all questions completely and fully. **DO NOT LEAVE ANY BLANKS.**

Employers (past or present), supervisors, foremen, and other contractors (in some circumstances) are able/qualified to complete the affidavit. You cannot self-verify. The verifier/person certifying the experience must submit proof of their position within the company (Contractor license, workplace ID, corporation papers, etc). Out-of-state contractors must also attach a copy of their current state license.

If your experience is with a company/from a state that does not regulate this trade, or otherwise did not require a license for this scope of work, please provide proof the company is an active/valid company. (Tax certificate, business license, Secretary of State, etc). In some circumstances, proof the company is authorized to perform this work may be required.

All experience must have been gained while employed by a contractor licensed in the trade being applied for, or otherwise considered legal work in the state in which the work was performed. There are some possible exceptions, such as military and homeowner experience, which are evaluated on a case-by-case basis. Please contact PSI for more info, if needed.

All attachments must be signed by the verifier. The Work Verification Form must be signed and notarized.

NM CID ELECTRICAL WORK VERIFICATION FORM

APPLICANT NAME: _____ DATE: _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____
SSN: _____ Classification(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, ILLEGIBLE, OR CORRECTED 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 CANDIDATE'S WORK EXPERIENCE. LIST THE RELEVANT HOURS OF EXPERIENCE.

YOU MAY ATTACH ANY ADDITIONAL INFORMATION IN REFERENCE TO THE APPLICANT'S WORK EXPERIENCE. ALL ATTACHMENTS MUST BE SIGNED BY THE PERSON CERTIFYING THE EXPERIENCE.

EE98/EE98J—RESIDENTIAL AND COMMERCIAL ELLECTRICAL

- ☐ Underground installation (e.g. conduit installation, underground conductor or cable installation)
- ☐ Rough in installation (e.g. conduit installation, pull conductors, install cable, terminate conductors, install boxes, install electrical panels)
- ☐ Trim out (e.g. install receptacles or devices, install appliances, install breakers, install luminaires)

ER1/ER1J—RESIDENTIAL ELECTRICAL

- ☐ Underground installation (e.g. conduit installation, underground conductor or cable installation)
 - ☐ Rough in installation (e.g. conduit installation, pull conductors, install cable, terminate conductors, install boxes, install electrical panels)
 - ☐ Trim out (e.g. install receptacles or devices, install appliances, install breakers, install luminaires)
- Commercial Hours** _____
Residential Hours: _____
TOTAL Hours: _____

EL1J/EL1—ELECTRICAL DISTRIBUTION/TRANSMISSION

- ☐ Underground installations (ductwork, underground conductor or cable installations, terminations)
 - ☐ Overhead distribution (pole, conductor installations, transformer installations, terminations)
 - ☐ Overhead transmission (poles/towers, tower foundations, conductor installations, terminations)
 - ☐ Substations (transformers, switches, terminal facilities)
- TOTAL Hours** _____

ES1J/ES1—SIGNS

- ☐ Rough in (e.g. install concrete base, install sign enclosure)
 - ☐ Trim out (e.g. install lamps in signs, install sign, install transformers)
- TOTAL Hours** _____

ES2J/ES2—CATHODIC LIGHTNING PROTECTION

- ☐ Underground (e.g. install cable and conduit)
 - ☐ Trim out (e.g. install rectifier, other electrical equipment associated with cathodic or lightning systems)
- TOTAL Hours** _____

ES3J/ES3—LOW VOLTAGE

- ☐ Rough in (e.g. install boxes, cable, equipment)
 - ☐ Trim out (e.g. install low voltage equipment and devices, test equipment)
- TOTAL Hours** _____

ES7J/ES7—TELEPHONE

- ☐ Underground (e.g. install cable, junction boxes)
 - ☐ Overhead (e.g. install cables, conductors, support structures)
 - ☐ Trim out (e.g. terminate conductors, install telephone equipment and devices, and test)
- TOTAL Hours** _____

SIGNATURE OF PERSON CERTIFYING THE WORK EXPERIENCE: _____

Candidate/Applicant Name: _____

DATE _____

All experience must be within the most recent 10 years

All experience must have been gained while employed by a contractor who is licensed in the trade being applied for, or otherwise considered legal work in the state in which the work was performed.

(1) THIS WORK WAS PERFORMED FROM _____/_____/_____ TO _____/_____/_____
MO YR MO YR

Working _____ hours per week

WHILE APPLICANT WAS EMPLOYED BY _____, License# _____

ATTACH A COPY OF THE LICENSE

If the company the Applicant gained experience with (above) was in a state which did not regulate/require a license for this scope of work, you must submit proof that the company is an active/valid company. (*Tax certificate, Secretary of State certificate, business registration, etc.*) All experience must have been gained while employed by a contractor licensed in the trade being applied for, or otherwise considered legal work in the state in which the work was performed.

(2) Additional information attached? ☐ YES ☐ NO (ALL PAGES MUST BE SIGNED BY VERIFIER)

(3) Applicant's position while performing work: (check one) ✓

☐ JOURNEYMAN ☐ FOREMAN ☐ SUPERVISOR ☐ OTHER CONTRACTOR ☐ OTHER _____

(4) My/verifier's position while supervising applicant: (check one) ✓

☐ JOURNEYMAN ☐ FOREMAN ☐ SUPERVISOR ☐ CONTRACTOR ☐ 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. (Corporation papers, W2, etc)

Do not leave any blanks!

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

Affiant Statement

In making this certification for x _____ (candidate name), I x _____ (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# _____ Email _____

NOTARY

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

County of _____

State of _____

SEAL

Notary Public

My commission expires _____