

# PSI ES10/ES10J & ES10R/ES10RJ WORK EXPERIENCE VERIFICATION

## NEW MEXICO CONTRACTOR LICENSING SERVICE

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

TYPE OR PRINT CLEARLY.

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

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### INSTRUCTIONS FOR THE APPLICANT

Only the top portion of the Affidavit is to be completed by the Applicant, unless applicant is self verifying. Complete ALL information requested.

One or more Forms may be completed and submitted to meet the experience requirements. **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.

### INSTRUCTIONS FOR EXPERIENCE VERIFICATION

Individuals who are qualified to complete the Affidavit are as follows: Employers (past or present), Supervisors, Foremen, other Contractors and Applicant (if employers are not available). For the applicant who is verifying his/her own experience, check the appropriate boxes in items #3 and #4 to reflect this. Answer all the questions completely and fully. **DO NOT LEAVE ANY BLANKS.**

The person certifying the experience must submit proof/verification of their position within the company.

Describe the Applicant's **hands-on** work experience in **DETAIL**. Be as detailed as possible as to the **hands-on** experience the Applicant has in his/her field. Specify if the applicant has residential and/or commercial work experience. 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.

#### **TWO YEARS (4,000 HOURS)**

ES10 ES10J  
ES10R ES10RJ

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 (can be found online at [public.psiexams.com](http://public.psiexams.com))

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

**PSI, 2820 Broadbent Pkwy NE, Suite E&F, ALBUQUERQUE, NM, 87107**

(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.

Construction Industries Division  
ES10/ES10J & ES10R/ES10RJ EXPERIENCE AFFIDAVIT

A COMPLETED QUALIFYING PARTY 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 REJECTED, RETURNED AND PROCESSING WILL BE DELAYED. DO NOT LEAVE ANY BLANKS!

Candidate Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS#: \_\_\_\_\_ CLASSIFICATION(S) APPLYING FOR ES-10 \_\_\_ ES-10J \_\_\_ ES-10R \_\_\_ ES-10RJ \_\_\_

Describe in DETAIL the applicant's HANDS-ON work demonstrated to your satisfaction; the necessary knowledge and skill to be fully qualified perform the work, without supervision. Please refer to instructions for further explanation.

(Please attach a separate sheet if necessary - \*All attachments must be referred to and signed.

(CIRCLE ONE)

1. THIS WORK WAS PERFORMED FROM \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ PART TIME or FULL TIME  
MO YR MO YR Hours per Week \_\_\_\_\_

WHILE APPLICANT WAS EMPLOYED BY \_\_\_\_\_ CO. LICENSE # \_\_\_\_\_  
Attach a copy of the license

\*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.)

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

3. APPLICANT'S POSITION WHILE PERFORMING WORK: (CHECK ONE)  
 EMPLOYEE  CONTRACTOR  OWNER  OTHER \_\_\_\_\_

4. I HELD THE FOLLOWING POSITION WHILE APPLICANT WAS PERFORMING THE WORK. (CHECK ONE)  
 EMPLOYER  SUPERVISOR  CONTRACTOR  OWNER  OWNER (SELF VERIFICATION)

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 # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

NOTARY:  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

SEAL

Notary Public

My commission expires \_\_\_\_\_, 20\_\_\_\_