

PSI ES10/ES10J & ES10R/ES10RJ WORK 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.

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 should 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, Licensed 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.**

Supervisors must submit proof/verification of their position or employment with 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.

Work experience requirements are a minimum of:

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)

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 7 to 10 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 experience, demonstrating to your satisfaction the necessary knowledge and skill to be fully qualified to 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.)*

1. THIS WORK WAS PERFORMED FROM _____ / _____ TO _____ / _____ **(CIRCLE ONE)**
MO YR MO YR PART TIME or FULL TIME
Hours per Week _____

WHILE APPLICANT WAS EMPLOYED BY (Company Name): _____

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 ☐ EMPLOYEE (SELF VERIFICATION)

In making this certification for _____ (candidate name), I _____ (person certifying, including self), 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 # _____ (If applicable)

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ Email _____

NOTARY:

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

SEAL

Notary Public

My commission expires _____, 20____