PSI GENERAL BUILDING WORK EXPERIENCE VERIFICATION
NEW MEXICO CONTRACTOR LICENSING SERVICE
DO NOT USE THIS FORM FOR ELECTRICAL, MECHANICAL, OR PLUMBING CLASSIFICATIONS

INSTRUCTIONS FOR THE APPLICANT

Only the top portion of the Affidavit is to be completed by the Applicant. 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. **NOTE:** You may include education/technical training to satisfy the experience requirement. 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. Please include copies of your official transcripts and/or certificates.

INSTRUCTIONS FOR THE APPLICANT

Describe the Applicant’s **hands-on** work experience in **DETAIL.** Estimating, project manager, ordering supplies, and supervising is not considered hands-on. You must specify if the applicant has residential and/or commercial work experience. **Be as detailed as possible as to the hands-on experience the Applicant has in his/her field.** Statements such as, “Experienced in construction of residential homes,” alone, **WILL NOT BE ACCEPTED.** 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, out of the country, 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)**
- GF1 - Airports
- GF2 - Bridges
- GF3 - Canals, reservoirs, irrigation systems
- GF4 - Drainage or flood control systems
- GF5 - Recreation areas.
- GF6 - Railroad and tunnel construction
- GF7 - Tank and towers
- GF8 - Transmission lines, tanks and substations (non-electrical)
- GF9 - Utility lines (sewage, natural gas and underground telephone cables)
- GA1 - Streets, roads and highways, including tunnels, parking lots, alleys, seal coat and surfacing
- GA2 - Maintenance and repair
- GA3 - Curbs, gutters, and culverts
- GA4 - Striping
- GA5 - Highway signs and guard rails

**TWO YEARS (4,000 HOURS)**
- GB1 - General building
- GB2 - Residential Building
- GB3 - All Specialty Classifications

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, 2820 Broadbent Pkwy, 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
GENERAL WORK EXPERIENCE AFFIDAVIT
DO NOT USE THIS FORM FOR ELECTRICAL, MECHANICAL, OR PLUMBING CLASSIFICATIONS

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 (GB98, GA98, GF98 ETC.)

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 _______ / _______
   MO YR MO YR
   PART TIME or FULL TIME
   Hours per Week__________
   WHILE APPLICANT WAS EMPLOYED BY ____________________________ CO. LICENSE #____________________
   Attach a copy of the license

*If the applicant’s 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  □ FOREMAN  □ 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.

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.

_________________________                      LICENSE # __________________ STATE ___________
Signature of Person Certifying

__________________________________________
Address

__________________________________________
City

__________________________________________
State

__________________________________________
Zip

Phone # ___________________  Fax # _______________  Email _____________________________

NOTARY:
Subscribed and sworn before me this __________________ day of ______________________ 20_________

___________
SEAL

________________________________________________________________________
Notary Public
My commission expires ___________________ , 20_________