

PSI GENERAL BUILDING WORK EXPERIENCE VERIFICATION

NEW MEXICO CONTRACTOR LICENSING SERVICE

DO NOT USE THIS FORM FOR ELECTRICAL, MECHANICAL, OR PLUMBING CLASSIFICATIONS

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 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 EXPERIENCE VERIFICATION

Individuals who are qualified to complete the Affidavit are as follows: Employers (past or present), Supervisors, Foremen, and other Contractors. 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. Out of state Contractors must attach a copy of their current state license to the affidavit. If your experience is with a company in 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.)

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)

GB98 - General building

GA98 - Asphalt, bitumen, and concrete construction

GF98 - Fixed works utilities

TWO YEARS (4,000 HOURS)

GB2 - Residential Building

GS - All Specialty Classifications

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

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 _____ / _____ 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 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.

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_____

