

NM CID MECHANICAL/PLUMBING EXPERIENCE VERIFICATION

INSTRUCTIONS

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. Use one form for each verifier/license/timespan.

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)

FOUR YEARS (8,000 hours)

MM1	MM2
MM3	MM4
MS12	MS14
MS12J	MS14J
MM98	

TWO YEARS (4,000 HOURS)

JP	JG
JS	JPF
JR	JSM
JPG	
MS3	MS6

6 MONTHS (1000 HOURS)

BO1
BO2

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 MECHANICAL/PLUMBING EXPERIENCE VERIFICATION

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.

JP/MM1— PLUMBING

- ☐ Rough-in installation (e.g. underslab, crawl space site utilities including yard lines, installation of water and sanitary piping)
- ☐ Top out (e.g. water and sanitary piping above floor and extensions through roof and/or walls)
- ☐ Final (e.g. installation of fixtures, appliances including water heaters, and water and sanitary final connections) **TOTAL Hours:** _____

JG/MM2— NATURAL GAS FITTING

- ☐ Rough-in installation (e.g. underslab, crawl space, site utilities including yard lines, installation of natural gas piping)
- ☐ Top out (e.g. natural gas piping above floor and extensions through roof and/or walls)
- ☐ Final (e.g. installation of gas fired appliances, and energy connections) **TOTAL Hours:** _____

JR/JSM/MM3— HEATING, VENTILATION AND AIR CONDITIONING

- ☐ Rough-in installation (e.g. underslab, crawl space installation of ducting, and ventilation)
- ☐ Final (e.g. termination of vents, duct outlets, installation of appliances including boiler, furnace, cooler, installation of supply return and combustion air ducts) **TOTAL Hours:** _____

JR/JPF/MM4—HEATING, COOLING AND PROCESS PIPING

- ☐ Rough-in installation (e.g. underslab, crawl space installation of process piping for steam, medical gas and hot, chilled or condensing water systems; installation of pressure vessels such as boilers, installation of pneumatic controls)
- ☐ Final (e.g. energy connections, installation and placement of processing equipment, process piping identification, piping terminations at equipment juncture) **TOTAL Hours:** _____

SPECIALTY CLASSIFICATIONS

MS3—SEPTIC TANKS AND SEWER

- ☐ Installation (e.g. trenching and back filling, install leach systems and disposal fields, place tanks, install tank tie-ins, place manholes, and sewer lines) **TOTAL Hours:** _____

JS/MS6—LAWN SPRINKLERS

- ☐ Installation (e.g. trenching and back filling, install water piping and terminations, irrigation zoning and controls). **TOTAL Hours:** _____

MS12J/MS12— FIRE PROTECTION SPRINKLERS

- ☐ Installation (e.g. install, repair or service fire protection systems using water) and devices, and test) **TOTAL Hours** _____

MS14J/MS14—DRY CHEMICAL FIRE PROTECTION

- ☐ Installation (e.g. install, repair or service fire protection systems using dry chemicals) **TOTAL Hours** _____

BO1/BO2—BOILER OPERATOR

- ☐ Low Pressure ☐ High Pressure **TOTAL Hours** _____

SIGNATURE OF PERSON CERTIFYING THE WORK EXPERIENCE: _____

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Do not submit this form without also submitting an application for Journeyman/Qualifying Party

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 _____/_____/_____
MO YR TO _____/_____/_____
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 during this time: **(check one)** ✓

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

(4) My/verifier's position during this time: **(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# _____
ATTACH A COPY OF THE LICENSE

STATE: _____

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 _____