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. INCOMPLETE OR ILLEGIBLE FORMS WILL NOT BE PROCESSED

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. Journeyman applicants may use credited training to satisfy the entire experience requirement if approved. 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.

Supervisors and foremen 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 is 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.)

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, volunteer, 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

TWO YEARS (4,000 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).

TWO YEARS (4,000 HOURS)
GA1 - Streets, roads and highways, including tunnels, parking lots, alleys, seal coat and surfacing
GA2 - Curbs, gutters and culverts
GA3 - Striping
GA4 - Asphalt, bitumen and concrete construction
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

Include a self-addressed, stamped envelope. Allow 7-10 working day for processing.

APPLICANT: Upon completion of the application and work experience Affidavit, please deliver original(s) by mail, courier, or in to: PSI, 2301 YALE BLVD, SE SUITE C4, ALBUQUERQUE, NM, 87107

If approved, PSI will provide you with an eligibility card containing exam registration and scheduling information
## GENERAL WORK 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 RETURNED AND PROCESSING WILL BE DELAYED.

### Candidate Information

<table>
<thead>
<tr>
<th>Candidate name:</th>
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<td>Date:</td>
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<table>
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<tr>
<th>Address:</th>
<th>city</th>
<th>state</th>
<th>zip</th>
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<th>SS#:</th>
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**CLASSIFICATION(s) APPLYING FOR**

(GB98, GA98, GF98 ETC.)

### Work Experience

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 attach a separate sheet if necessary - All attachments must referred to and signed)

1. **THIS WORK WAS PERFORMED FROM** _/ _ TO _/ _ **PART TIME** or **FULL TIME**

   WHILE APPLICANT WAS EMPLOYED BY __________________________________________

   CO. LICENSE #____________________

   Attach a copy of the license

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
   - FORMAN
   - 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.

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<th>Signature of Person Certifying</th>
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<td>LICENSE #</td>
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<tr>
<th>Address</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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Phone No. ___________________________   Fax No. ___________________________ Email ___________________________

### Notary

Subscribed and sworn before me this ______________________ day of ______________________ 20_________.

Notary Public

My commission expires _______________20_________.

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