Experience as a Tradesman, Inspector or Self-Employed Contractor

If you are documenting contractor experience that requires a license, please complete PART 2.

**PART 2**

<table>
<thead>
<tr>
<th>Type of contractor license</th>
<th>License Number</th>
<th>State/Municipality</th>
<th>Date Issued</th>
</tr>
</thead>
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**PART 3 CLAIM OF EXPERIENCE**

Position: _______________________________________________________

Employer: _______________________________________________________

Address: ________________________________________________________

CITY: _________________________STATE: ________ ZIP CODE: ________

Dates of Employment

FROM: _______________________ TO: _____________________

FULL TIME: ___________ HOURS PER WEEK

PART TIME: ___________ HOURS PER WEEK

SUPERVISOR (if not self-employed):

_____________________________________

DESCRIBE ALL RELEVANT DUTIES IN DETAIL (If 100% of your responsibilities were/are NOT related to licensure, indicate the percentage of time that was/is, and obtain certification thereof).

________________________________________________________________________

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Position:_________________________________________________________
Employer:_________________________________________________________
Address:_________________________________________________________
CITY:_____________________ STATE:_______ ZIP CODE:__________

Dates of Employment
FROM:_____________________ TO:_______________________
FULL TIME:__________ HOURS PER WEEK
PART TIME:__________ HOURS PER WEEK

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