Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8511
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Board for Contractors
INDIVIDUAL EXPERIENCE FORM

All practical experience in the trade should be verified by building officials, building inspectors, employers, contractors, engineers, architects, or clients attesting to the applicant's work in the trade.

1. Name _____
   First Middle Last Generation (SR, JR, III)
2. Social Security Number ☐☐☐ - ☐☐ - ☐☐☐☐

Prior to entering information on this form, please make several photocopies of this blank form to ensure that you have additional forms to accommodate all your experience entries. Please be sure to number the pages according to the total number submitted (i.e., 1 of 3, 2 of 3, etc.) in the upper right-had corner. Enter your most recent experience first.

Starting Month & Year	Ending Month & Year	Name, Signature & Title of Reference/ Name & Address of Employer (Individual documenting experience must sign)	Detailed Position Description
		Name _____ Signature _____ Title _____ Employer's Name & Address	Position Description
		Name _____ Signature _____ Title _____ Employer's Name & Address	Position Description
		Name _____ Signature _____ Title _____ Employer's Name & Address	Position Description