

**Board for Contractors
 EXPERIENCE VERIFICATION FORM
 Residential Building Energy Analyst Applicants Only**

Applicants applying through **waiver/exemption** are *not* required to complete the experience verification form.

Experience Verification: **Section A** - should be completed by the applicant.

Section B - should be completed by the supervisor or another individual who will verify the applicant's work experience. The verifier must hold a Residential Building Energy Analyst License.

Section A: Applicant

1. Name _____
Last First Middle Generation

2. Provide **one** of the following identification numbers.
 Social Security Number or Virginia DMV Control Number*
* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Mailing Address (PO Box accepted) _____

City State Zip Code

4. Job Title: _____

5. Dates of Employment From _____ To _____
MM/DD/YYYY MM/DD/YYYY or PRESENT

6. List the number of residential building energy analyses completed during the dates of employment : _____

Section B: Supervisor or Verifier of Work Performance

You may duplicate this form to accommodate all your references.

7. Verifier Name _____
(Applicants can **not** verify their own experience.)

8. Verifier's Virginia License No.

2	7	2	2						
---	---	---	---	--	--	--	--	--	--

 Expiration Date _____
(The verifier must hold a Residential Building Energy Analyst License.)

9. Verifier's Mailing Address _____

City State Zip Code

10. Verifier's Contact Numbers _____
Primary Telephone Alternate Telephone

11. Is the information provided by the applicant correct in questions #4, #5 & #6?

No If no, please explain.

Yes

12. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve this application.

Verifier's Signature _____ Date _____