



**Natural Gas Automobile Mechanics and Technicians
 EXPERIENCE VERIFICATION FORM**

Use one form per experience.

The form must be returned to the Department along with your certification application at the address provided above.

Section A - To be completed by the applicant.

Section B - To be completed by one of the individual who can verify the applicant's work experience.

Section A: Applicant

1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

Last (required) First (required) Middle Generation

2. Provide one of the following identification numbers*:

Last 4 digits of Social Security Number and/or

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Virginia DMV Control Number

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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* 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. Street Address (PO Box not accepted)

Check here if Street Address is the same as the Mailing Address listed above.

PHYSICAL ADDRESS REQUIRED

City State Zip Code

5. Contact Numbers

Primary Telephone Alternate Telephone Fax

6. Dates Experience Obtained From: _____

MM/DD/YYYY

To: _____

MM/DD/YYYY

7. During this time frame did you work: Full time

Part time How many hours a week (on average): _____

Seasonal Explain: _____

8. Describe in detail your daily activities. Include how much time you spend at the site, the hands on experience you have and the duties you perform. Inadequate job descriptions will be returned for additional information.

(Attach additional sheet of paper if needed.)

9. List any related certifications you may hold:

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

Applicant's Signature _____ Date _____

(Verifier's Section B to follow.)

Section B: Verifier (An individual who can attest to the applicant's experience listed above in Section A.)

1. Verifier's Information:

A. Name

Last (required) First (required) Middle Generation

B. Work Address

City State Zip Code

C. Job Title:

D. Contact Numbers

Primary Telephone Alternate Telephone

E. Email Address

2. Was/Is the applicant employed during the time frame indicated on this application?

Yes

No If no, indicate the correct dates: From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY

3. Is the job description on this application accurate and complete?

Yes

No If no, explain in detail the changes that should be made:

4. I certify, to the best of my knowledge, all information provided on this form is true and accurate.

Verifier's Signature _____ Date _____

Provide a brief description of your relationship to the applicant: