

PSI ES10/ES10J & ES10R/ES10RJ WORK EXPERIENCE VERIFICATION

NEW MEXICO CONTRACTOR LICENSING SERVICE

THIS WORK EXPERIENCE VERIFICATION MUST BE SUBMITTED WITH AN APPLICATION AND
APPROVED BEFORE EXAMS MAY BE SCHEDULED.

TYPE OR PRINT CLEARLY.

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.

INSTRUCTIONS FOR EXPERIENCE VERIFICATION

Individuals who are qualified to complete the Affidavit are as follows: Employers (past or present), Supervisors, Foremen, other Contractors. Answer **all** the questions completely and fully. **DO NOT LEAVE ANY BLANKS**.

The person certifying the experience must submit proof/verification of their position within the company.

Describe the Applicant's hands-on work experience in **DETAIL**. Be as detailed as possible as to the hands-on experience the Applicant has in his/her field. Specify if the applicant has residential and/or commercial work experience. 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.

TWO YEARS (4,000 HOURS)

ES10 ES10J
ES10R ES10RJ

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 (can be found online at public.psiexams.com)

Please allow 10-14 working days for processing.

If approved, PSI will email you an eligibility notice containing exam registration and scheduling information.

Construction Industries Division
ES10/ES10J & ES10R/ES10RJ EXPERIENCE AFFIDAVIT

A COMPLETED QUALIFYING PARTY OR JOURNEYMAN 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 REJECTED, RETURNED AND PROCESSING WILL BE DELAYED.
DO NOT LEAVE ANY BLANKS!

Candidate Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

SS#: _____ CLASSIFICATION(S) APPLYING FOR ES-10 _____ ES-10J _____ ES-10R _____ ES-10RJ _____

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 refer to instructions for further explanation.

*(Please attach a separate sheet if necessary - *All attachments must be referred to and signed.)*

(CIRCLE ONE)

1. THIS WORK WAS PERFORMED FROM _____ / _____ TO _____ / _____ PART TIME or FULL TIME
MO YR MO YR Hours per Week _____

WHILE APPLICANT WAS EMPLOYED BY _____ CO. LICENSE # _____
Attach a copy of the license

*If your experience is with a company from 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, corporation papers, etc.)

2. ADDITIONAL WORK EXPERIENCE INFORMATION ATTACHED ☐ YES ☐ NO (attachment must be signed)

3. APPLICANT'S POSITION WHILE PERFORMING WORK: **(CHECK ONE)**

☐ EMPLOYEE ☐ CONTRACTOR ☐ OWNER ☐ OTHER _____

4. I HELD THE FOLLOWING POSITION WHILE APPLICANT WAS PERFORMING THE WORK. **(CHECK ONE)**

☐ EMPLOYER ☐ SUPERVISOR ☐ CONTRACTOR ☐ OWNER

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.

Signature of Person Certifying LICENSE # _____ STATE _____
Attach a copy of the license

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ Email _____

NOTARY:

Subscribed and sworn before me this _____ day of _____ 20____

SEAL

Notary Public

My commission expires _____, 20____