



7. **Describe in detail** your daily activities as they relate to your trade designation, Contractor's classification or specialty in which you are applying for:

8. List any trade-related certifications:

9. 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 \_\_\_\_\_

**AGENCY USE ONLY:**

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

1. Verifier's Information:

Name \_\_\_\_\_  
Job Title: \_\_\_\_\_ Email Address \_\_\_\_\_  
Contact Number \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Indicate which of the following best describes your relationship to the applicant: (Select **all** that apply)

- Building Official - List Locality \_\_\_\_\_
- Building Inspector - List Locality \_\_\_\_\_
- Licensed Contractor Business/Company Name \_\_\_\_\_  
License Number (if applicable) \_\_\_\_\_
- Licensed Tradesman License Number (if applicable) \_\_\_\_\_
- Licensed Architect License Number (if applicable) \_\_\_\_\_
- Licensed Prof. Engineer License Number (if applicable) \_\_\_\_\_
- Other\* - Provide a brief description of your relationship to the applicant: \_\_\_\_\_

\* Other may be an applicant's supervisor, a member of Human Resources from the company, a client, etc. A spouse or family member should not be used to verify experience.

3. In your own words, describe the applicant's work duties (**experience**) for which you have been asked to attest:

- This verification form is used as a means for the Board to verify that an applicant has the experience necessary to become a licensed tradesman and/or contractor within the Commonwealth of Virginia. Your response is appreciated.

4. Provide the date(s) of when this experience was obtained: \_\_\_\_\_

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

Verifier's Signature \_\_\_\_\_ Date \_\_\_\_\_