

5. Previous Employer

Please list previous employer and supervisor who are able to verify the work experience.

Company

Supervisor's Name

Dates of Employment

Street Address

City

State

Zip

Phone Number ()

6. Experience

For work experience, the Division shall recognize a resume or letter of reference from a current or previous employer as evidence of meeting the work experience requirements. Work history should indicate inclusive dates of experience, employer's name, address and phone number, positions held, projects completed and job responsibilities held during the projects.

7. Applicant Verification of Information

Falsifying or knowing omission of any material required as part of this application is grounds for application refusal and/or license suspension or revocation. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that the submitted information is true, accurate and complete.

Signature of Applicant

Date

BE SURE TO INCLUDE ORIGINALS OF YOUR TRAINING CERTIFICATE (S) AND THIRD PARTY EXAM LETTER. THOSE ORIGINALS WILL BE RETURNED ALONG WITH YOUR CERTIFICATION. YOUR APPLICATION CANNOT BE PROCESSED UNLESS THESE DOCUMENTS ACCOMPANY THIS APPLICATION.

**ATTACH
COLOR
PASSPORT - SIZE
PHOTO
HERE**