



CERTIFICATION OF WORK EXPERIENCE

General Instructions

- This form must be filled in completely in order to document work experience or the application will be returned. You must type or print neatly and legibly in black or dark blue ink – pencil is not acceptable.
- **FORMS CONTAINING STRIKEOUTS OR MODIFICATIONS MAY BE REJECTED.**
- **Corrections on the Certification of Work Experience forms must be initialed by the certifier.**
- **Original signatures are required** – faxed, photocopied, or stamped signatures are not acceptable.
- All qualifying individuals and certifiers must be at least 18 years old.
- All Certification of Work Experience forms must be submitted with the application.
- The Certification of Work Experience form, when filed with an application, becomes the property of CSLB and is kept as a matter of record. **Make a copy of the completed and signed form for your records** – you may be asked to provide further documentation or testimony to verify your experience.
- If, within the last five (5) years, you have passed an examination in the classification for which you are now applying, you may not need to complete this form. Such applicants should complete the Application for Original Contractor License – Examination Waiver (7065). However, if you are applying for a waiver of the examination pursuant to B&P Code Sections 7065.1(b) or 7065.1(c), you do need to complete this form. *(Please refer to Blueprint for Becoming a Licensed Contractor for more information on exam waivers.)* **NOTE: If your previous application was denied on the basis of a lack of qualifying work experience, you must complete this form, regardless of whether or not you passed the exam.**
- **Anyone who knowingly obtains or offers false or forged documents to be filed, registered, or recorded in any public office in California is guilty of a felony. (Penal Code Section 115)**

PART 1 – QUALIFYING INDIVIDUAL INFORMATION

- **The qualifying individual must complete Part 1 in its entirety before the certifier completes Part 2.**

PART 2 –WORK EXPERIENCE AND CERTIFICATION STATEMENT

- **The certifier must complete Part 2 in its entirety after the qualifying individual has completed Part 1.**
- The qualifying individual must document at least four (4) full years of journeyman-level or higher experience in the classification for which he or she is applying. The experience must have been obtained within the last 10 years.
- The qualifying individual's work experience must have been completed at the level of journeyman, foreman, supervisor, or contractor or as an owner-builder or self-employed individual, as defined below:
 - A "journeyman" is an experienced worker who is fully qualified (as opposed to a trainee, helper, laborer, assistant, apprentice, etc.) and is able to perform the trade without supervision, or a person who has completed an apprenticeship program. (CCR Section 825)
 - A "foreman" or "supervisor" is a person who has the knowledge and skills of a journeyman and directly supervises construction projects.
 - A "contractor" is an individual who is currently a licensed California contractor, a former licensed California contractor, personnel of record on a California license, or an out-of-state licensed contractor. A contractor has the skills necessary to manage the daily activities of a construction business, including field supervision.
 - An "owner-builder" (a person who performs work **solely on his or her own properties**) or a "self-employed individual" must have the knowledge and skills of a journeyman as listed above and the skills necessary to manage the daily activities of a construction business, including field observation. Owner-builders must complete and submit the Construction Project Experience form.
- The Description of Classifications document may be used as a reference only and is available through a link on the home page of CSLB's website. You should not copy directly from the document when listing the specific trade duties the qualifying individual performed or supervised in the classification for which he or she is applying.
- **The Certification Statement at the bottom of the form must be completed by a qualified, responsible person who is able to certify the work experience of the qualifier.** The certifier can be an employer, fellow employee, journeyman, union representative, contractor, business associate, or a client if the applicant is/was self-employed. This form will help CSLB determine whether the qualifier has the experience necessary to become a capable, qualified contractor.
- **The certifier must have direct knowledge of the qualifier's experience during the time period listed.** "Direct knowledge" means personal knowledge of the experience that does not depend on outside information or hearsay. The certifier must be able to certify that the qualifier demonstrated a level of knowledge and skills expected of a journeyman or higher in the classification for which he or she is applying.
- **Any licensee whose signature appears on a falsified Certification of Work Experience form, or who otherwise certifies false or misleading experience claims submitted by an applicant to obtain a contractor license, will be subject to disciplinary action. (B&P Code Section 7114.1)**

**CONTRACTORS STATE LICENSE BOARD**

9821 Business Park Drive, Sacramento, CA 95827

Mailing Address: P.O. Box 26000, Sacramento, CA 95826

800.321.CSLB (2752) | www.cslb.ca.gov | CheckTheLicenseFirst.comSTATE OF CALIFORNIA
Governor Edmund G. Brown Jr.

Certification of Work Experience

Please read the General Information section on the previous page before beginning.

The qualifying individual must complete the information in Part 1; the individual certifying the experience (certifier) must complete Part 2. The experience must be verifiable through payroll records or similar documents. If additional space is needed to list the trade duties, please attach a separate sheet.

Use a separate form for each employer. If you need additional forms, please make a copy of this blank form or visit CSLB's website.

Please type or print neatly and legibly in black or dark blue ink.**FORMS CONTAINING STRIKEOUTS OR MODIFICATIONS MAY NOT BE ACCEPTED.****Corrections on the Certification of Work Experience forms must be initialed by the certifier.**

PART 1 – QUALIFYING INDIVIDUAL INFORMATION

The qualifying individual must complete Part 1 in its entirety.

1. QUALIFIER'S FULL LEGAL NAME Last			First	Middle
2. BUSINESS NAME OF EMPLOYER – OR, IF YOU WERE SELF-EMPLOYED, LEAVE THIS SPACE BLANK AND CHECK THIS BOX <input type="checkbox"/> (If you checked the box, skip line 3 and go to line 4)				LICENSE NUMBER OF EMPLOYER
3. EMPLOYER'S BUSINESS STREET ADDRESS Number/Street Only – NO P.O. Boxes			City	State ZIP Code
4. WAS THE EXPERIENCE OBTAINED <u>WORKING ON YOUR OWN PROPERTY</u> AS AN OWNER-BUILDER (see previous page for definition)? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YOU CHECKED "YES" ABOVE, USE THE ENCLOSED CONSTRUCTION PROJECT EXPERIENCE FORM TO PROVIDE A LIST OF COMPLETED PROJECTS.				

PART 2 – WORK EXPERIENCE AND CERTIFICATION STATEMENT

The certifier must complete Part 2 in its entirety after the qualifying individual has completed Part 1.

5. APPLICANT'S JOURNEYMAN-LEVEL OR HIGHER TIME-BASE WORKED WAS (check one):	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	} FROM _____ TO _____ = _____ YEAR(S) and _____ MONTH(S) Month/Day/Year Month/Day/Year (LIST ONLY JOURNEYMAN-LEVEL OR HIGHER EXPERIENCE THAT WAS OBTAINED IN THE APPLICABLE CLASSIFICATION)	(Do not claim credit for full-time work if applicant worked only part-time. For example, if applicant worked half-time for six (6) years, write "3 years" in the space above.)
6. IN THE SPACE BELOW, LIST ALL SPECIFIC TRADE DUTIES APPLICANT PERFORMED OR SUPERVISED IN THE CLASSIFICATION FOR WHICH HE/SHE IS APPLYING. PLEASE REFER TO THE DESCRIPTION OF CLASSIFICATIONS DOCUMENT FOR ASSISTANCE. (Do not list office work or individual project names.)			
My relationship to _____ is or was (check all that apply): Name of Qualifying Individual (Applicant) <input type="checkbox"/> Employer <input type="checkbox"/> Fellow Employee <input type="checkbox"/> Foreman or Supervisor <input type="checkbox"/> Journeyman <input type="checkbox"/> Business Associate <input type="checkbox"/> Union Representative <input type="checkbox"/> Contractor (License Number _____) <input type="checkbox"/> Client (if qualifier was self-employed)			
CERTIFIER'S STREET ADDRESS Number/Street Only – NO P.O. Boxes			City State ZIP Code
PHONE NUMBER ()	FAX NUMBER ()	EMAIL ADDRESS	
I certify that I have direct knowledge of the work covering the time period outlined above. I certify under penalty of perjury, under the laws of the State of California, that the information stated above is true and correct. (The definition of "perjury" is telling a lie while under oath.)			
7. Date	Signature	Printed Name	

Note: For information on the collection of personal information, please refer to the General Information section at the beginning of this application package, under the heading "Collection of Personal Information."

FOR CSLB USE ONLY

