



Experience Verification Form

Persons signing this form must be a supervisor, or another responsible person, who can attest to the applicant's experience related to their performance as an elevator/lift construction, maintenance, or repair person without direct or immediate supervision.

Verifier Information			
Verifier's First Name:	Verifier's Last Name:	Position/Title:	
Mailing Address (Street Number and Name):			
City:	State:	Zip Code:	County:
Phone Number:		Email Address:	
Applicant Information			
Applicant's First Name:		Applicant's Last Name:	

Verified Experience				
<i>To the best of my knowledge and belief, I certify that I know the applicant and have direct knowledge that the applicant worked as an elevator/lift construction, maintenance, or repair person without direct or immediate supervision during the employment period stated below:</i>				
Applicant was employed from: (Start Date) _____ to: (End Date) _____ as: (Position/Title) _____ at: (Company Name) _____				
Type of work performed: <table><tbody><tr><td><input type="checkbox"/> Elevator/Lift Construction</td><td><input type="checkbox"/> Elevator/Lift Maintenance</td></tr><tr><td><input type="checkbox"/> Elevator/Lift Repair</td><td><input type="checkbox"/> Other _____</td></tr></tbody></table>	<input type="checkbox"/> Elevator/Lift Construction	<input type="checkbox"/> Elevator/Lift Maintenance	<input type="checkbox"/> Elevator/Lift Repair	<input type="checkbox"/> Other _____
<input type="checkbox"/> Elevator/Lift Construction	<input type="checkbox"/> Elevator/Lift Maintenance			
<input type="checkbox"/> Elevator/Lift Repair	<input type="checkbox"/> Other _____			

By my signature, I affirm the information provided is true, correct, and complete.

Signature of Verifier _____ Date _____

Signature of Applicant _____ Date _____