



Experience Verification Form (Sole Proprietor)

Persons signing this form must be a party who hired the applicant (or the applicant's company) to perform conveyance services (i.e., elevator/lift construction, maintenance, or repair).

Verifier Information			
Verifier's First Name:	Verifier's Last Name:	Verifier's Title/Position:	
Company Name (If Applicable):			
Company or Building Address (Street Number and Name):			
City:	State:	Zip Code:	County:
Phone Number:		Email Address:	
Applicant Information			
Applicant's First Name:	Applicant's Last Name:	Company/DBA Name (If Applicable):	

Verified Experience
<i>To the best of my knowledge and belief, I certify that I am an authorized representative for the above-mentioned company or commercial building and have knowledge that the applicant worked as an elevator/lift construction, maintenance, or repair person without direct or immediate supervision during the period stated below:</i>
Work took place from: (Start Date) _____ to: (End Date) _____
for: (State ID/Elevator Reference Number) _____
Type of work performed:
<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.

Verifier's Signature _____ Date _____

Applicant's Signature _____ Date _____