

Construction Industries Division

THIS EXPERIENCE AFFIDAVIT MUST BE SUBMITTED AND APPROVED BEFORE EXAMS MAY BE SCHEDULED

DO NOT USE THIS FORM FOR ELECTRICAL, MECHANICAL, OR PLUMBING CLASSIFICATIONS

PLEASE READ THE FOLLOWING INSTRUCTIONS PRIOR TO COMPLETING THE ATTACHED WORK EXPERIENCE AFFIDAVIT. FOLLOWING INSTRUCTIONS COMPLETELY WILL AVOID DELAYS IN PROCESSING APPLICATION

TYPE OR PRINT CLEARLY. INCOMPLETE OR ILLEGIBLE FORMS WILL NOT BE PROCESSED

INSTRUCTIONS FOR THE APPLICANT

The top portion of the Affidavit is to be completed by the Applicant. Complete **ALL** information requested. **ID may be any current form of Photo Identification issued by a government agency (e.g. Driver's License, Military ID, US Passport, or State ID Card).** You may **NOT** use any form of ID that has expired.

Please refer to the Regulation and Licensing Department, New Mexico Administrative Code, Classifications and Scopes, for the applicable license classification(s) (i.e. GB98, MM98, EE98, etc) and the number of years of experience required for each.

The form(s) **MUST** certify the required number of years of **FULL-TIME** experience pertaining to the license classification(s) being applied for. (Example; GB98 applicant, must submit verification of 4 yrs. of FULL-TIME experience). One or more Forms may be completed and submitted to meet the experience requirement. **ALL EXPERIENCE MUST BE WITHIN THE LAST 10 YEARS.** Approval shall be given to test **ONLY** for the license classification(s) listed on the Affidavit.

NOTE: You may include education/technical training to satisfy the experience requirement. For qualifying party candidates, each year of training may be credited as one-half (1/2) year of experience, but in no case shall credited training exceed one-half (1/2) of the total experience requirement. Journeymen applicants may use credited training to satisfy the entire experience requirement if approved. Please include copies of your official transcripts and/or certificates.

INSTRUCTIONS FOR AFFIANT: Individuals who are qualified to complete the Affidavit are as follows: Employers (past or present), Supervisors, Foremen, Other Contractors, Building Inspectors, Architects, and Engineers.

Please carefully read the statement of the Affiant regarding work experience contained in the Affidavit. Answer the questions completely and fully. **DO NOT LEAVE ANY BLANKS.**

Describe the Applicant's work experience in **DETAIL**. Statements such as, "Experienced in construction of residential homes," alone, **WILL NOT BE ACCEPTED**. Detailed work experience such as, "Experienced in complete construction of residential homes, including site layout, foundation work, concrete, framing, carpentry, roofing, drywall, etc." is **ACCEPTABLE**. **Be as detailed as possible as to the experience the Applicant has in his/her field.**

ONLY EXPERIENCE WITHIN THE LAST 10 YEARS WILL BE CONSIDERED. Please sign all attachments.

CONTRACTORS, BUILDING INSPECTORS, ENGINEERS, AND ARCHITECTS MUST ATTACH A COPY OF THEIR CURRENT STATE LICENSE TO THE AFFIDAVIT. IF YOUR WORK EXPERIENCE IS BEING VERIFIED BY A COMPANY THAT IS IN A STATE THAT DOES NOT REQUIRE A CONTRACTOR LICENSE, YOU MUST SUBMIT PROOF THAT THE COMPANY IS A VALID/ACTIVE COMPANY. (EXAMPLE: BUSINESS License, Tax Certificate)

Print your name on the Affidavit, and read and understand affirming paragraph before signing. Print your name, address, and applicable telephone numbers as requested. **THE AFFIANT'S SIGNATURE MUST BE NOTARIZED.**

APPLICANT: Upon completion of the Affidavit, please deliver original(s) by mail, courier, or in person to:
PSI ** 2301 Yale Blvd. S.E., Ste C-4 ** Albuquerque, NM 87106 ** (877) 663-9267

If **approved** PSI will provide you with an eligibility packet containing exam registration, scheduling and exam content information. You must register your exam(s) with **PSI**.

**PLEASE INCLUDE A SELF-ADDRESSED, STAMPED ENVELOPE
PLEASE ALLOW 5-7 WORKING DAYS FOR PROCESSING.
CALL PSI FOR ANY QUESTIONS (877) 663-9267**



**Construction Industries Division
WORK EXPERIENCE AFFIDAVIT**

A COMPLETED JOURNEYMAN OR QP APPLICATION MUST BE SUBMITTED WITH THIS AFFIDAVIT
USE ONLY INK AND DO NOT MAKE CORRECTIONS USING CORRECTIVE FLUID OR ANY OTHER MEANS
INCOMPLETE OR ILLEGIBLE FORMS WILL BE RETURNED AND PROCESSING WILL BE DELAYED
DO NOT USE THIS FORM FOR ELECTRICAL, MECHANICAL, OR PLUMBING CLASSIFICATIONS

CANDIDATE:

NAME _____

MAILING ADDRESS: _____
FIRST MIDDLE LAST

TELEPHONE #: _____ FAX #: _____
CITY STATE ZIP

SOCIAL SECURITY #: _____ and/ or Date of Birth: ____/____/____

ID #: _____ STATE OF ISSUE: _____ TYPE _____ EXP. DATE: ____/____/____

LICENSE CLASSIFICATION (S) APPLYING FOR: _____
(GB98, MM98, EE98, ETC.)

AFFIANT: I, _____, have direct, personal knowledge of the Applicant's work experience and am able to, and do hereby, attest that he/she has performed the work described below, and demonstrated to my satisfaction, the necessary knowledge and skill in the performance of that work to be fully qualified to perform, without supervision, such work. The following is a DETAILED description of the work performed by the Applicant on which this Affidavit is based.

(Please attach a separate sheet if necessary)

1. THIS WORK WAS PERFORMED FROM ____ / ____ / ____ TO ____ / ____ / ____
MO YR MO YR **(CIRCLE ONE)** PART TIME or FULL TIME
Hours per Week _____

WHILE APPLICANT WAS EMPLOYED BY _____ CO. LICENSE # _____

2. APPLICANT'S POSITION WHILE PERFORMING WORK: **(CHECK ONE)**
 JOURNEYMAN FOREMAN SUPERVISOR CONTRACTOR OTHER _____

3. I HELD THE FOLLOWING POSITION WHILE APPLICANT WAS PERFORMING THE WORK. **(CHECK ONE)**
 EMPLOYER CONTRACTOR BUILDING INSPECTOR ENGINEER ARCHITECT OTHER _____

In making this certification, I have not relied on statements made to me by Applicant or third parties, and swear under penalty of perjury, that the information provided in this certification is true and correct to the best of my personal knowledge. I understand that my license may be subject to disciplinary action if the information given and attested to by me herein is determined to be intentionally misleading or fraudulent.

X _____ CO. LICENSE #: _____ STATE: _____
(Signature of Affiant) (IF CONTRACTOR, ARCHITECT, ENGINEER, BLDG. INSPECTOR)

(Print Complete Address, City, State, Zip)

(Daytime Telephone Number) (Fax Number)

NOTARY:

Subscribed and sworn before me this _____ day of _____ 20____

SEAL

Notary Public

My commission expires _____ 20____

