Proof of Experience Form
Individual Lead-Based Paint Certification

Complete a separate form for each job you wish to use for qualifying experience. Copy this form if you need additional copies.

Applicant Information

Name: _____

Oregon CCB Number (if applicable):_____

Employer Information

Company Name: _____

Company Address: _____

Supervisor's Name: _____ Supervisor's Phone Number: _____

Supervisor's E-Mail Address: _____

Experience Information

Describe the applicable experience the applicant gained while working for this employer. Use additional pages if necessary.

Dates applicant was employed to do the work described above: _____/_____/_____ to _____/_____/_____
m d y m d y

Percentage of time applicant did the work described above: _____%

Declaration and Signature of Employer

I certify that the information contained in this document is complete and accurate to the best of my knowledge.

_____ _____
Employer/Supervisor Signature Print name of Employer/Supervisor

_____ _____
Title of Employer/Supervisor Date Signed