



# Oregon

Kate Brown, Governor

Construction Contractors Board

[www.oregon.gov/cbb](http://www.oregon.gov/cbb)

Mailing Address:

PO Box 14140

Salem, OR 97309-5052

503-378-4621

## Verification of Experience for the Construction Workforce Enhancement Program Residential Contractor License

### To the Employer:

- Please complete this form as proof of the applicant's **full time** residential and/or commercial construction work experience to qualify for a contractor license in the State of Oregon.
- After the form has been completed, it **must** be signed in front of a Notary Public.
- The form must then be returned **to the Applicant**.

Name of applicant	Phone	Email
Address	City, State, Zip	

Name of person completing this form	Phone	Email	
Name of construction company	Position with company		
Company address			
City	State	Zip	Country
State licensed in	License No.	Issue date	Expiration date
Description of work performed:			
<b>Dates of applicant's employment:</b>			
Start date (Mo/Yr):		End date (Mo/Yr):	
Signature		Date	

### **SIGNATURE ACKNOWLEDGEMENT OF INDIVIDUAL**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

This document was acknowledged before me on \_\_\_\_\_ (date) by

\_\_\_\_\_. (name of person)

Notary Public Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_