

**IF YOU NEED ADDITIONAL CONSTRUCTION EXPERIENCE CERTIFICATION FORMS,
PLEASE COPY THIS PAGE AS NEEDED BEFORE COMPLETING.**

Application for AIC Constructor Certification Commission

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Professional Constructor Certification Examinations



CONSTRUCTION EXPERIENCE CERTIFICATION FORM

FILL OUT ONE COPY OF THIS PAGE FOR EACH BLOCK OF QUALIFYING EXPERIENCE THAT YOU ARE USING TO QUALIFY FOR THE EXAM. YOU DO NOT NEED TO FILL OUT THIS SECTION FOR JOBS THAT YOU ARE NOT USING TO QUALIFY FOR THE EXAM.

EACH COPY OF THE CONSTRUCTION EXPERIENCE CERTIFICATION FORM SHOULD BE SIGNED BY A SUPERVISOR WHO WAS/IS FAMILIAR WITH YOUR WORK IN THAT POSITION.

EMPLOYER: _____

ADDRESS: _____

TYPE OF EXPERIENCE:

Executive Technical Administrative Teaching/Research Trade Supervision **FROM:** _____ **TO:** _____

DESCRIBE JOB RESPONSIBILITIES IN DETAIL AND LIST TYPE OF PROJECT(S) PERFORMED:
(ADDITIONAL SHEETS MAY BE USED BUT MUST ALSO BE SIGNED BY CANDIDATE AND CERTIFIER)

YOU MAY SUBMIT ADDITIONAL MATERIALS TO DESCRIBE YOUR EXPERIENCE (SUCH AS RESUMES OR JOB DESCRIPTIONS), AS LONG AS THEY PROVIDE THE SAME INFORMATION THAT IS REQUESTED ON THIS PAGE.

CANDIDATE SIGNATURE: _____ **DATE:** _____

CERTIFIER INFORMATION

NAME: _____
(First) (Middle) (Last)

TITLE: _____ **COMPANY/INSTITUTION:** _____

ADDRESS: _____
(City) (State) (Zip)

EMAIL ADDRESS: _____

IF FURTHER INFORMATION IS REQUIRED I MAY BE REACHED AT (_____) _____

I HEREBY CERTIFY THAT I HAVE READ THE PRECEDING WORK AND JOB DESCRIPTION PROVIDED BY THE CANDIDATE, AND THAT IT IS AN ACCURATE DESCRIPTION OF THEIR ROLE AND DUTIES.

I CERTIFY THAT I HAVE DIRECT KNOWLEDGE OF THE CANDIDATE'S DUTIES, AND SUPERVISED, OVERSAW AND/OR EVALUATED THEIR WORK DURING THE PERIOD CLAIMED.

I CERTIFY THAT THE INFORMATION PROVIDED HERE THE CANDIDATE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

CERTIFIER SIGNATURE: _____ **DATE:** _____

