

STATEMENT OF EXPERIENCE FORM

Erasures, Mark Overs or White Outs are Unacceptable

Type or Print Name Clearly _____
First Name MI Last Name

Residence _____
Number Street City or Town Zip Code

LP INSTALLER VERIFICATION OF EMPLOYMENT

The section directly below **MUST** be completed by the employing LP Installer

This is to certify that: _____ was employed by me as an LP Installer in training performing supervised LP work from:

_____ To _____
Month/Day/Year Month/Day/Year (to present is unacceptable)

Total hours employed as an LP Installer in training supervised LP work during this time: _____

Company or Name (If Applicable) _____

Name of Employing LP Installer (Please Print) _____

LP Installer License Information _____
License Number Date of Issue Serial Number on License

Address _____
Number Street City or Town Zip Code

Phone _____ email: _____

Can you produce Social Security Records for this person? Yes No

If you checked NO in the box above, please explain _____

As the employer I hereby certify that the above statements are true and are made subject to the penalties of perjury. In addition, I certify that for the entire time listed above, the applicant worked for me as an LP Installer in training and not as an independent contractor or a subcontractor performing non-LP work.

Signature of Employing LP Installer: _____

FORM MUST BE ORIGINAL – PHOTO-COPY OF THESE SHEETS ARE UNACCEPTABLE