

**AMERICAN INSTITUTE OF CONSTRUCTORS  
CONSTRUCTOR CERTIFICATION COMMISSION**

**CONSTRUCTION EXPERIENCE VERIFICATION FORM**

**INSTRUCTIONS:** This form must be completed as part of your Certified Professional Constructor examination application. Fill out one form for each block of experience that you are using as part of your Qualifying Experience. This may mean use of multiple forms. Each form must be signed by a supervisor certifying the work experience claimed. This form should be submitted to the AIC along with your exam application. Applications are not reviewed or approved without this form.

**Candidate Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Experience Information:**

\_\_\_\_ Executive \_\_\_\_ Technical \_\_\_\_ Administrative \_\_\_\_ Teach/Research \_\_\_\_ Trade Supervision

Start Date (MM/YYYY): \_\_\_\_\_ End Date: \_\_\_\_\_

Describe your job responsibilities and projects during your time. (You may use a separate sheet to expand your submission)

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor/Certifier Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ City & State of Office: \_\_\_\_\_

I hereby certify that I have read the preceding work and job descriptions provided by the candidate and that the information 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 time period claimed.

I certify that the information provided here by the candidate is true and accurate to the best of my knowledge.

Certifier Signature: \_\_\_\_\_ Date: \_\_\_\_\_