

Work Verification Form – HVAC Specialty Journeyman Licensure

Complete a separate form for each employer and/or state where work experience was obtained.

Applicant Full Legal Name: _____

Applicant License/Registration Number: _____ Title/Position: _____

Employer: _____

Business Address: _____

Business Phone: _____ Supervising Journeyman Name: _____

Supervising Journeyman License Number: _____

Number of Hours Worked

Dates of Verification: ____ / ____ / ____ to ____ / ____ / ____
mm dd yyyy mm dd yyyy

Total Number of HVAC Specialty Installation Experience Hours: _____ hours

Detailed description of work performed:

Was all work completed in the state of Idaho? Yes No

If no, list the state where the work was completed: _____

Note: If claiming overtime, a paycheck stub identifying hours worked must be provided upon request.

Certification

Upon oath I certify each of the following: the responses and information provided in this verification are true and correct to the best of my knowledge; falsification of any information could lead to discipline including but not limited to revocation of licensure; and any of the hours submitted are subject to additional verification.

Verifier Name (if other than applicant): _____

Verifier Signature: _____ Date: _____