



Registered Deputy Inspector Certification of Work Experience

INSTRUCTIONS:

The applicant shall complete the information in Part 1 below, then the person certifying the work experience (**business owner or manager**) shall complete Part 2. The Los Angeles Department of Building and Safety reserves the right to contact the certifier to verify work experience and/or dates. If additional space is needed to list the experience, please attach a separate sheet that must also be signed under the same certification statement contained below.

Use a separate form for each employer. **Please type or print neatly and legibly in black or dark blue ink—pencil is not acceptable.** Forms containing strikeouts or modifications may not be accepted. Corrections must be initialed by the certifier.

PART 1- APPLICANT INFORMATION									
The <u>Applicant</u> must complete Part 1 <u>before</u> the certifier completes Part 2									
<u>Name</u>									
First:			Last:			Middle:			
New Application			Renewal Application			Deputy License #			
<u>Type of examination:</u>									
CC	DIA	EIFS	FR	GR	GU	MC	MET	PSC	
SC	SFRM	SR	ST	WD	WR		SMK	AB	

PART 2- WORK EXPERIENCE AND CERTIFICATION STATEMENT									
The <u>Certifier</u> must complete Part 2 <u>after</u> the applicant completes Part 1									
Employer:									
License #:				Self-employed:			Yes		No
<u>Employer's street address</u>									
Number/Street:			City:			State:		ZIP:	
<u>Name of Certifier</u>				<u>Telephone # of Certifier</u>			<u>Certifier email address</u>		
Certifiers job title:									
Applicants job title:									
<u>DATES</u> (List only dates that the applicant was engaged in work related to the type of examination indicated in Part 1)									
From		To		<i>Equals</i> Years		Months			
In the space below, list all specific trade duties the applicant performed that were related to the examination listed in Part 1. (do not list specific project names)									
I Certify that I have direct knowledge of the work covering the time period outlined above. I certify under penalty of perjury, under the laws of the State of California, that the information stated above is true and correct.									
Date:			Signature:				Printed Name:		