



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 Applicant must complete Part 1 before the certifier completes Part 2

Name

First:

Last:

Middle:

New Application

Renewal Application

Deputy License #

Type of examination:

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 Certifier must complete Part 2 after the applicant completes Part 1

Employer:

License #:

Self-employed:

Yes

No

Employer's street address

Number/Street:

City:

State:

ZIP:

Name of Certifier

Telephone # of Certifier

Certifier email address

Certifiers job title:

Applicants job title:

DATES (List only dates that the applicant was engaged in work related to the type of examination indicated in Part 1)

From

To

Equals

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: