American Institute of Constructor

CONSTRUCTOR CERTIFICATION COMMISSION DOCUMENT NO. 86

Construction Experience Verification Form

INSTRUCTIONS: This form must be completed as part of your Certified Professional Constructor and Certified Associate Constructor examination application if applying in whole or part by experiential qualifications. Fill out one form for each type 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 – Indicate only one type of O Executive O Technical O Administration	
Start Date (MM/YYYY):End Date:	
Describe your job responsibilities and projects during submission)	your time. (You may use a separate sheet to expand your
Candidate Signature:	Date:
Supervisor/Certifier Information:	
Name:T	itle:
Company:En	nail:
Phone:City & S	tate 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 can	didate is true and accurate to the best of my knowledge.
Certifier Signature:	Date:
AIC Constructor Certification Commission - 9264 N2 phone +1.580.246.2230 Email: <u>info@aic-builds.org</u>	240 Rd, Arapaho, OK USA

Revision History: Last
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