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 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 experience per form:

☐ Executive  ☐ Technical  ☐ Administrative  ☐ Teach/Research  ☐ Trade Supervision

Start Date (MM/YYY): __________ 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: ___________________________

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