

VERIFICATION OF EXPERIENCE
City of Laramie Code Administration Division
P.O. Box C, Laramie, WY 82073
contractorlicensing@cityoflaramie.org
Phone: 307-721-5271 Fax: 307-721-5248

This form must be completed by a person knowledgeable of the applicant's experience.

Name of Applicant_____

Address_____

City_____State_____Zip Code_____email_____

Name of Verifier_____

Address_____

City_____State_____Zip Code_____

Phone (_____)_____email_____

Verifier's License Type & Number: _____

Licensing Authority Name: _____

Address_____

City_____State_____Zip Code_____

This applicant was employed by me from _____ to _____

Tell in your own words what you know of the applicant's experience. Describe the applicant's position and type of work performed. Give any other details that might aid in evaluating experience. Use reverse side if needed.

I certify that the above information is true and correct:_____

Signature of Verifier (Must be witnessed by Notary)

Date

State of Wyoming)

) SS.

County of Albany)

Signed before me on _____ day of _____

Month/ Year

(seal)

My commission expires: _____

Notary Signature