HVAC SPECIALTY EMPLOYER’S VERIFICATION FORM

(Please submit a separate form for each employer)

SELF-VERIFICATION WILL NOT BE ACCEPTED

Applicant’s Legal Name: ______________________________________   License # if required: _____________

Employer/Contractor: ______________________________________   License # if required: _____________

Address: ____________________________________________________________________________________

City: __________________________________________  State: ______________ Zip Code: _________________

E-Mail Address: _________________________________________ Telephone Number: ______________________

Supervising HVAC Journeyman: ________________________________________License Number: ________________

Dates of Employment: ____________________________________________________________________________

            From: (month/day/year)         To: (month/day/year)

Total hours performing HVAC specialty work for this employer for the time period noted above: _______________

Detailed Description of the type of work performed: _________________________________________________
_____________________________________________________________________________________________

Are the above dates taken from payroll records:  _____ Yes _____ No   If No, please explain: __________________________________
_________________________________________________________________________________________________

Were all jobs where the applicant worked inspected by a governmental authority: _____ Yes _____ No
(Governmental Authority example: State HVAC Inspector/City Inspector)

If No, please explain: __________________________________
_________________________________________________________________________________________________

Was this work done in the State of Idaho?  No  ________ Yes  ________ State_____________________
(If the work was performed in multiple States, a separate verification form is needed for each State. Listed license
Number must reflect the State in which the work was performed.)

Employer’s Authorized Signature          Date

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC

State Of _______________________

The above individual appeared before me this __________________ day of _____________, 20__________

NOTARY SEAL: ________________________________   Signature of Notary Public

Commission Expires: ________________________________