

CONTRACTORS STATE LICENSE BOARD 9821 Business Park Drive, Sacramento, CA 95827

Construction Project Experience

This form must be completed ONLY if the qualifying individual indicates on the Certification of Work Experience form that he or she obtained experience working self employed, or as otherwise requested by CSLB.

Use a separate form for each project. If you need additional forms, please make a copy of this blank form or visit CSLB's website. Please type or print neatly and legibly in black or dark blue ink. Incomplete forms are not accepted.

www.cslb ca.gov

I. QUALIFIER'S (OWNER-BUILDER) FULL LEGAL NAM	/IE Last First	Middle	PH	IONE NUMBER	
			()	
PROJECT STREET ADDRESS Number/Street Only -	- NO P.O. Boxes	City		State	ZIP Code
. START DATE Month/Day/Year	COMPLETION DATE Month/Day/Year T		TOTAL PROJEC	TOTAL PROJECT TIME	
			Y	EARS and	MONTH
TYPE OF PROJECT (For example: residential room a	idaltion)				
TRADES PERFORMED (For example: framing, electri	ical)				
PROJECT SIZE (square feet, linear feet, or cubic yard	ds)				
Building	Other				
. BUILDING PERMIT NUMBER (Attach a copy of your b	building permit and final inspec	ction record to this project doo	cument.)		
			Permit #		
3. YOUR DUTIES AND WORK YOU PERFORMED (For	example: prepared plans, obt	ained permits, installed all sh	eetrock, installed 4-to	on HVAC unit)	
. YOUR POSITION LEVEL (For example: trainee, appre	entice, journeyman, supervisor)			
0. EXPLAIN HOW PAST EXPERIENCE, TRAINING, AN)//E
1. SCOPE OF WORK (For example: placed 600 sf of m	nix & cod, installed 2500 sf of a	operate tile roof, poured 12 y	ida of concrete drive	installed 20 linear	ft of cobinotry)
1. SCOPE OF WORK (For example, placed bob si of m	lix & Sou, installed 2000 SI OFC		as of concrete drive,	Installed 20 linear	It. of cabinetry)
2. NUMBER OF LABORERS AND THE TRADES THEY	PERFORMED				
3. NUMBER OF GENERAL CONTRACTORS OR SUBC	CONTRACTORS AND THE TR	RADES THEY PERFORMED			
4. COST OF MATERIALS OR TOTAL COST OF PROJE	ECT				
				1	
				FOR	CSLB USE ONL