

FORM A



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Verification of Experience**

INSTRUCTIONS: Complete the top portion of this form and forward to the employer(s) where you have completed the required experience. If you are self-employed or part owner, please have an appropriate third party (ex: local building official) complete this form.

REQUIREMENTS:

1. Lead Supervisor – 1 year employment as Lead Worker, or 2 years in environmental building trades
2. Lead Inspector-Risk Assessor –1 year experience in related environmental field
3. Asbestos Inspector or Management Planner – 6 months experience in asbestos abatement
4. Asbestos Project Monitor or Project Designer – 1 year experience in asbestos abatement
5. Registered Sanitarian – 2 years full time experience in environmental health

Name: _____ Date of Birth: ____/____/____

Credential for which you have submitted application: _____

Employer listed on your application: _____

Dates of Employment: ____/____ to ____/____
mm yyyy mm yyyy

APPLICANT: DO NOT WRITE BELOW THIS LINE - FOR EMPLOYER USE ONLY

This is to certify that the above individual, _____ was employed from
____/____ to ____/____ by _____
mm yyyy mm yyyy company/entity

1. Job title of highest responsibility of the above named individual: _____

2. List duties carried out under this job title: _____

NAME: _____ **TITLE:** _____

TELEPHONE: _____ **DATE:** _____

SIGNATURE: _____

MAIL TO:

Connecticut Department of Public Health
Environmental Practitioner Licensing Unit (EPLU)
410 Capitol Ave, MS# 51EPL
P.O. Box 340308
Hartford, CT 06134-0308
Phone: (860) 509-7559 fax: (860) 509-7295