



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
Verification of Field Experience

**INSTRUCTIONS:** Complete the top portion of this form and forward it to the employer(s) where you have completed the required field experience.

**REQUIREMENTS:**

1. Lead Inspector-Risk Assessor – 25 inspections over a 3 month period
2. Asbestos Inspector – 2 months field experience
3. Asbestos Management Planner – 3 months field experience
4. Asbestos Project Designer – 6 months field experience
5. Asbestos Project Monitor – 6 months field experience

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**

I certify that the above individual completed a minimum of \_\_\_\_\_ (months field experience) / (inspections) from  
\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ under the direct supervision of \_\_\_\_\_,  
mm      yyyy      mm      yyyy Name of Supervisor

\_\_\_\_\_, who is licensed in the discipline for which the above individual is applying.  
License Number

3. Do you have any derogatory information regarding the competency or conduct of this individual?  YES  NO  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

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**