



Certification Experience Verification  
Department of Housing  
1110 W. Washington, Ste. 280, Phoenix, AZ 85007  
Phone: 602-771-1000 Fax: 602-771-1002

STEP 1	APPLICANT INFORMATION (please print)
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Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Verification of experience is required for installer applicants. This application to the Arizona Department of Housing is for certification as an:                      I-10C                      I-10D                      I-10G                      (Check one.)

STEP 2	VERIFIER INFORMATION
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Name of verifier: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

STEP 3	VERIFIED EXPERIENCE
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Describe your knowledge of the applicant's experience. Fill in the name of employer and dates of employment. Describe applicant's position and type of work performed. Describe the types of buildings, structures, or projects on which the applicant worked. Give any other details that will aid in evaluating experience. Additional pages may be attached.

I certify that I know the applicant and have direct knowledge that the applicant was employed from

\_\_\_\_\_ to \_\_\_\_\_ as a:  
Month/Year                      Month/Year

Applicant's position/title: \_\_\_\_\_

Company name: \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How was your knowledge of the applicant's experience acquired? \_\_\_\_\_

*I certify that the foregoing statements are true and correct.*

Signature of verifier: \_\_\_\_\_ Date: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. (NOTARY SEAL)

My commission expires \_\_\_\_\_ Notary Public Signature \_\_\_\_\_