



CONTRACTORS LICENSE CENTER, INC.

1130 N. Nimitz Hwy, Suite A-110

Honolulu, Hawaii 96817

Tel: (808) 833-3051 1-800-833-4408 mail@CLCexamprep.com

Aloha,

Enclosed are the necessary forms for your RME Contractors License and instructions to help with filling them out.

1. Experience Certificates: Minimum of 3 required. They must be **notarized**. Enclosed is a "key words" sheet to assist you in what the Board is looking for.
2. Credit Report Information: Go to annualcreditreport.com to obtain a free credit report for the RME who is applying for the contractor's license. The Board does not need your credit score, just a complete credit report. The Board accepts reports from Experian ONLY.
3. Application Fee: Please send 1 (one) check for \$50.00 made out to Dept. of Commerce and Consumer Affairs (DCCA) for the RME application.
4. Experience Worksheet: Include employment dates, supervisory dates, average project size, average gross dollar amount, # supervised. Include Company name, address, and license # (if applicable). This list is for companies that gave you a W-2 at the end of the year.
5. Company: We need a letter on company letterhead stating that you are going to be an RME for the company. This is whether you are replacing an RME or becoming an additional RME.
6. Project Listing: This is required. Include a listing of all projects adding up to 4 or more years. Work by months, not days or weeks. Be as detailed as possible – very repetitious which is what the Board requires. Enclosed is a sample to follow. Do NOT include planning time – on-site work time only. You can also use the Board's fillable form at https://cca.hawaii.gov/pvl/files/2013/06/Chronological-History-of-Projects-Form_11.17R.pdf . Or contact us for a Word Doc or Excel Spreadsheet.

Enclosed is your contract. We require payment with your worksheets. Please complete all forms and return them by the deadline. If you are unable to meet the deadline date, give us a call as soon as possible.

Mahalo,
Cindy Namahoe
CEO, Director

KEY WORDS

Key words to be used on certificates in support of applicants experience qualification forms:

- SUPERVISION (Number of people you supervised)
 - FOREMAN
 - MANAGER
 - ESTIMATING
 - RESPONSIBLE FOR: (Employees, staff, journeyman, etc.)
 - COORDINATING SUB CONTRACTORS
 - ORDERING MATERIALS
 - BUILDING
- *Mention the biggest jobs, talk about complexity of projects, build a home/office on paper, etc.
-

An example of wording your experience certificates: (In an overall view.)

I have known (name) for years. He has supervised people. He can read blueprints, order supplies, materials, plan projects, coordinate with other contractors (or subcontractors), etc.
(GO ON TO DESCRIBE IN DETAIL EXACTLY WHAT THIS PERSON DOES ON THE JOB!!)

An example of wording your experience certificates for General Building:

I have worked with (name) on various jobsites over the past two years. (Name) has been the overall supervisor of all subs on the jobsite. He has directly supervised all phases of construction including foundations, framing, drywall, rough-in and finish work, carpentry work, painting, roofing, etc. Some of the projects we have worked together are etc.

(Then he can go on to say that you follow all code, works for perfection, etc.)

The Board wants to hear about actual general building, your ability to take a project from start to finish and from the ground up.

C-13: He has directly supervised all aspects of the electrical work to include installation of electrical systems, including wiring, conduits, appliances, fixtures, raceways, etc.

C-37: He supervised all aspects of plumbing including installation of all plumbing systems, piping, fixtures, sewer mains, excavating, backfill, etc.

EXPERIENCE CERTIFICATE - CONTRACTOR'S LICENSE

Access this form via website at: cca.hawaii.gov/pvl

IMPORTANT!! READ "COMPLETION OF THIS EXPERIENCE CERTIFICATION" (page 3) BEFORE COMPLETING THIS CERTIFICATE.

THIS SECTION TO BE COMPLETED BY THE APPLICANT:

Name of Applicant: (First, Middle, Last)

Classification requesting (check one only):

☐ A - General Engineering

☐ B - General Building

☐ C - _____

THIS SECTION TO BE COMPLETED BY THE PERSON WHO WILL CERTIFY TO THE APPLICANT'S EXPERIENCE:

Indicate your BUSINESS RELATIONSHIP to the applicant:

☐ EMPLOYER

☐ SUPERVISOR

☐ RME Lic. # _____

Classifications held: _____

☐ FELLOW EMPLOYEE

☐ JOURNEYMAN

☐ OTHER (specify): _____

Employment Dates (mo/yr):

From: _____

To: _____

Length of service:

_____ Yrs.

_____ mos.

Dates applicant has supervised:

From: _____

To: _____

TOTAL TIME: _____

☐ FULL-TIME

☐ PART-TIME - _____

Hours per week, if
part-time

Indicate LEVEL applicant worked at:

☐ JOURNEYMAN

☐ FOREMAN

☐ SUPERVISOR

☐ CONTRACTOR

☐ OTHER (specify): _____

(Refer to the Board's definitions of each of the above levels on the "Completion of this Experience Certification" page.)

Did the applicant demonstrate a level of knowledge and skill expected of a journeyman or better in the craft(s) of trade(s) listed above? *(Check your answer.)*

☐ YES

☐ NO

Did the applicant demonstrate a history of honesty, truthfulness, financial integrity and fair dealing?

☐ YES

☐ NO

DESCRIBE IN DETAIL THE APPLICANTS EXPERIENCE PERFORMING ON-SITE SUPERVISION AND DIRECTION OF EMPLOYEES IN THE CLASSIFICATION INDICATED ABOVE (i.e. General Engineering, General Building, etc.):

(SIGNATURE REQUIRED ON PAGE 2 IN FRONT OF NOTARY)

Print Name of Applicant: _____

Date: _____

Section 444-30, HRS, of the contractors license law provides that: Any person or his agent who files with the Contractors License Board any notice, statement, or other document required under the provisions of the contractors license law, which is false or untrue or contains any material misstatement of fact is guilty of a misdemeanor.

Certification of Person Completing this form:

I, _____ hereby certify that I have personally known the person
(Print name of certifier)
named as applicant above; that I have direct knowledge of the applicant's supervisory experience which I have listed; and, all other statements and answers given here are true and correct.

Date: _____

Signature of the Certifier in front of Notary Public

Print Your Name: _____

Address of Certifier: _____

Contractor's Lic. No. ENTITY: _____ Contractor's Lic. No. RME: _____

Licensed Classifications of Certifier: _____ State: _____

Home Phone No.: () _____ Business Phone No.: () _____

Subscribed and sworn to before me this
_____ day of _____ A.D. 20 ____
Notary Signature: _____
Notary Public, State of: _____
My commission expires: _____
Print Name: _____

Doc. Date: _____ No. of Pages: _____
Notary Name: _____ Circuit Court: _____
Doc. Description _____
Notary Signature: _____
Date: _____

DO NOT SEND THIS FORM TO THE CONTRACTORS LICENSE BOARD. INSTEAD, PLEASE RETURN IT TO THE APPLICANT SO THE APPLICANT CAN ATTACH IT TO THE APPLICATION.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

COMPLETION OF THIS EXPERIENCE CERTIFICATION

The applicant must detail **four full years of supervisory experience within the past 10 years**, in the classification the applicant is applying for, at the level of a Journeyman, Foreman, Supervisor, or Contractor (see definitions below). The applicant must also submit certificates to support this experience. The certificates must be completed by a qualified and responsible person; that is, by an employer, fellow employee, or journeyman who has DIRECT KNOWLEDGE of the applicant's experience.

DIRECT KNOWLEDGE is knowledge of the truth in regard to a particular fact, which is original, and does not depend on information or hearsay.

The applicant is requesting that you complete this form to certify as to your DIRECT KNOWLEDGE of the applicant's experience. As a qualified and responsible person you must certify that the applicant demonstrated a level of knowledge and skill expected of a journeyman or better in the classification for which the application is being made by describing in detail the applicant's experience performing on-site supervision and direction of employees in the classification the applicant is applying for.

JOURNEYMAN is an experienced worker in the trade who is fully qualified as opposed to a trainee, and is able to perform the trade without supervision.

FOREMAN/SUPERVISOR is a person who has the knowledge and skill of a journeyman and also directly supervises the physical construction.

CONTRACTOR is one or more of the following:

- 1) a currently licensed Hawaii contractor
- 2) a formerly licensed Hawaii contractor
- 3) a person listed under "Personnel of Record" on the license application of a currently licensed Hawaii contractor
- 4) an out-of-state contractor who held a license in that state

A Contractor is a person who has the skills necessary to manage the daily activities of a construction business, including field supervision.

Your cooperation is earnestly solicited so that the Contractors License Board can determine whether this applicant has the experience necessary to become a capable and qualified contractor.

IMPORTANT: You may be requested to provide documentation to verify all experience to which you are attesting. For your records, it is suggested that you keep a copy of the certificate you complete.

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☐ OTHER (specify): _____

Employment Dates (mo/yr):

From: _____

To: _____

Length of service:

_____ Yrs.

_____ mos.

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From: _____

To: _____

TOTAL TIME: _____

☐ FULL-TIME

☐ PART-TIME - _____

Hours per week, if
part-time

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☐ JOURNEYMAN

☐ FOREMAN

☐ SUPERVISOR

☐ CONTRACTOR

☐ OTHER (specify): _____

(Refer to the Board's definitions of each of the above levels on the "Completion of this Experience Certification" page.)

Did the applicant demonstrate a level of knowledge and skill expected of a journeyman or better in the craft(s) of trade(s) listed above? *(Check your answer.)*

☐ YES

☐ NO

Did the applicant demonstrate a history of honesty, truthfulness, financial integrity and fair dealing?

☐ YES

☐ NO

DESCRIBE IN DETAIL THE APPLICANTS EXPERIENCE PERFORMING ON-SITE SUPERVISION AND DIRECTION OF EMPLOYEES IN THE CLASSIFICATION INDICATED ABOVE (i.e. General Engineering, General Building, etc.):

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named as applicant above; that I have direct knowledge of the applicant's supervisory experience which I have listed; and, all other statements and answers given here are true and correct.

Date: _____

Signature of the Certifier in front of Notary Public

Print Your Name: _____

Address of Certifier: _____

Contractor's Lic. No. ENTITY: _____ Contractor's Lic. No. RME: _____

Licensed Classifications of Certifier: _____ State: _____

Home Phone No.: () _____ Business Phone No.: () _____

Subscribed and sworn to before me this	
_____ day of _____	A.D. 20 _____
Notary Signature: _____	
Notary Public, State of: _____	
My commission expires: _____	
Print Name: _____	

Doc. Date: _____	No. of Pages: _____
Notary Name: _____	Circuit Court: _____
Doc. Description _____	
Notary Signature: _____	
Date: _____	

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Classification requesting (check one only):	
<input type="checkbox"/> A - General Engineering	<input type="checkbox"/> B - General Building <input type="checkbox"/> C - _____

<p>Indicate your BUSINESS RELATIONSHIP to the applicant:</p> <p><input type="checkbox"/> EMPLOYER</p> <p><input type="checkbox"/> SUPERVISOR</p> <p><input type="checkbox"/> RME Lic. # _____</p> <p style="padding-left: 40px;">Classifications held:</p> <p>_____</p> <p><input type="checkbox"/> FELLOW EMPLOYEE</p> <p><input type="checkbox"/> JOURNEYMAN</p> <p><input type="checkbox"/> OTHER (specify): _____</p> <p>_____</p>	<p>Employment Dates (mo/yr):</p> <p>From: _____ To: _____</p> <hr/> <p>Length of service:</p> <p>_____ Yrs. _____ mos.</p> <hr/> <p>Dates applicant has supervised:</p> <p>From: _____ To: _____</p> <hr/> <p>TOTAL TIME: _____</p> <p><input type="checkbox"/> FULL-TIME</p> <p><input type="checkbox"/> PART-TIME - _____</p> <p style="text-align: center; font-size: small;">Hours per week, if part-time</p>	<p>Indicate LEVEL applicant worked at:</p> <p><input type="checkbox"/> JOURNEYMAN</p> <p><input type="checkbox"/> FOREMAN</p> <p><input type="checkbox"/> SUPERVISOR</p> <p><input type="checkbox"/> CONTRACTOR</p> <p><input type="checkbox"/> OTHER (specify): _____</p> <hr/> <p><i>(Refer to the Board's definitions of each of the above levels on the "Completion of this Experience Certification" page.)</i></p> <p>Did the applicant demonstrate a level of knowledge and skill expected of a journeyman or better in the craft(s) of trade(s) listed above? (<i>Check your answer.</i>)</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Did the applicant demonstrate a history of honesty, truthfulness, financial integrity and fair dealing?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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[illegible]

CT-03 1025

Print Name of Applicant: _____

Date: _____

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Print Your Name: _____

Address of Certifier: _____

Contractor's Lic. No. ENTITY: _____ Contractor's Lic. No. RME: _____

Licensed Classifications of Certifier: _____ State: _____

Home Phone No.: () _____ Business Phone No.: () _____

Subscribed and sworn to before me this	
_____ day of _____	A.D. 20 _____
Notary Signature: _____	
Notary Public, State of: _____	
My commission expires: _____	
Print Name: _____	

Doc. Date: _____	No. of Pages: _____
Notary Name: _____	Circuit Court: _____
Doc. Description _____	
Notary Signature: _____	
Date: _____	

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Application Worksheet for Contractors License

GENERAL INFORMATION

Name of Applicant	First Name _____ Middle Name/Initial _____ Last Name _____	Phone (DAY) _____
Company Name	_____	Phone (CELL) _____
Mailing Address	(Street address or P.O. Box, City, State, Zip) _____	Phone (BUS) _____
Business Address	(Street address, City, State, Zip) _____ *No P.O. Box Allowed	SS# _____
HI Business Address	(Street address or P.O. Box, City, State, Zip) _____	
Resident Address	(Street address, City, State, Zip) _____ *No P.O. Box Allowed	Fed ID# _____
Email Address:	_____	Classification(s) Requested _____

CHECK BOX WITH DESIRED LICENSE AND FILL OUT ADDITIONAL INFORMATION REQUESTED BELOW

LICENSE SPECIFIC INFORMATION

☐ **RESPONSIBLE MANAGING EMPLOYEE (RME)**

Name of Contracting Entity you are applying to be the RME for: _____
Mailing Address: _____
License No. _____ or _____ (Street address or P.O. Box, City, State, Zip)
Date applied for license _____ Phone: _____ Fax: _____

☐ **SOLE PROPRIETOR**

* No additional information required

☐ **ENTITY**

Indicate the type of application: [] Corporation [] LLP
[] Partnership [] LLC

Name of Responsible Managing Employee (RME) _____
License No. _____ or Date applied for license _____

PERSONNEL OF APPLICANT

Name	Position	Resident Address (No P.O. Box)
_____	_____	_____
_____	_____	_____

EDUCATION

Vocational school, college, university, special training	yrs.	mos.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STATE LICENSES

Name of State	License Number	Date Issued	CLASSIFICATION

Attach copy of each contractors license previously held in any state.

Print Applicant Name: _____
(LAST, First, Middle)

Date: _____

I.	EACH QUESTION MUST BE ANSWERED
-----------	---------------------------------------

1. Are you at least 18 years of age? ☐ YES ☐ NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ☐ YES ☐ NO
3. Have you previously applied for a Hawaii State contractor's license? ☐ YES ☐ NO
(If "Yes", state month and year: _____.)
4. Have you ever been affiliated with a contracting entity whose license has been terminated due to issuance of a court order authorizing payment from the Contractors Recovery Fund of this state or any other state? ☐ YES ☐ NO
(If "Yes", submit a detailed statement giving the date of the order and circumstances leading up to issuance of the court order.)
5. Have you or any construction organization in which you were an officer, partner, manager or member had a contractor's license or any professional or vocational license denied, fined, suspended or revoked by this state or any other state? ☐ YES ☐ NO
(If "Yes", attach a detailed statement signed by you.)
(For the purpose of this question, "denied" does not mean that one has previously failed an examination.)
6. Has any bonding or surety company ever completed or made a financial settlement upon any construction contract or work undertaken by you or any construction organization in which you were an officer, partner, manager or member? ☐ YES ☐ NO
(If "Yes", attach a detailed statement signed by you.)
7. Are there now any unpaid past due bills or claims for labor, materials, or services, outstanding and unsatisfied, as a result of your operations or of any construction organization in which you were an officer, partner, manager or member? ☐ YES ☐ NO
(If "Yes", attach a detailed statement signed by you.)
8. Are there now any liens, suits, or judgments of record or pending, outstanding and unsatisfied, as a result of your operations or of any construction organization in which you were an officer, partner, manager or member? ☐ YES ☐ NO
(If "Yes", attach a detailed statement signed by you explaining the circumstances and current status, and if no payment or payment arrangement has been made, the reason; a resume of employment and business activities; and copies of the court complaint, judgment, documentation of payment arrangements, lien documents, records of any payments, and other relevant documents.)
9. Have you or any construction organization in which you were an officer, partner, manager or member ever been adjudicated as bankrupt or is presently in the process of bankruptcy proceedings? ☐ YES ☐ NO
(If "Yes", attach a detailed statement giving the number of bankruptcy proceedings, the location of the bankruptcy court, a schedule of creditors listed in the bankruptcy petition, the approximate date of the action and a statement of the final action upon the proceedings.)
10. Have you or any construction organization in which you were an officer, partner, manager or member ever made an assignment of assets, either voluntary or otherwise, in settlement of construction obligations for less than the total amount of the indebtedness? ☐ YES ☐ NO
(If "Yes", attach a detailed statement listing names and addresses of all creditors and losses they sustained.)
11. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ☐ YES ☐ NO
(If "Yes", explain on a separate sheet the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, and training attended. Also, submit court documentation on the date, place, violation of each conviction and fulfillment of conditions of each sentence.)

(CONTINUED ON PAGE 3)

(For completion by applicant who is an individual or RME. NOT applicable to an entity applicant.)

(J) **EDUCATION:** Vocational school, college, university, special training

yrs.

mos.

(K) EXPERIENCE STATEMENT

1) **TYPE OF WORK & TIME AT EACH** – I have worked as a:

☐ Apprentice for yrs. mos.
☐ Journeyman for yrs. mos.
☐ Supervisor for yrs. mos.
☐ Superintendent for yrs. mos.
☐ Contractor for yrs. mos.
☐ Foreman for yrs. mos.
☐ Project Manager for yrs. mos.

for

yrs. mos.

2) **TOTAL TIME IN CONSTRUCTION:** yrs. mos.

(3) **SKILLS-** I can perform the following:

☐ Read a financial statement
☐ Compute payroll
☐ Balance a checking account
☐ Read blueprints
☐ Prepare job estimates
☐ Order materials
☐ Design & layout construction projects
☐ Other (specify)

☐ Other (specify)

4) LIST THE MOST RECENT EXPERIENCE FIRST:

Name of Company

License No.

Type of Business Company Engaged in

Address of Company

Dates employed: to Total:
Mo/ Yr Mo/Yr Yr/Mo

Dates supervised: to Total:
Mo/Yr Mo/Yr Yr/Mo

No. of people supervised:

TYPE OF PROJECTS: ☐ Apartments ☐ Office Buildings
☐ Condominiums ☐ Remodeling
☐ Custom ☐ Tract Houses
☐ High Rise ☐ Other (specify):

Describe duties and responsibilities:

Hours worked per week:

AVERAGE SIZE OF COMPLETED PROJECTS (Give square footage or anything that will describe physical dimension):

AVERAGE GROSS DOLLAR VALUE OF COMPLETED PROJECTS: \$

Name of Company

License No.

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Address of Company

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Mo/ Yr Mo/Yr Yr/Mo

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Mo/Yr Mo/Yr Yr/Mo

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AVERAGE GROSS DOLLAR VALUE OF COMPLETED PROJECTS: \$

ATTACH ADDITIONAL SHEETS IF NECESSARY

IMPORTANT ANNOUNCEMENT
ADDENDUM TO CONTRACTOR LICENSE APPLICATIONS

CONCERNING THE SUBMITTAL OF A

CHRONOLOGICAL HISTORY OF PROJECTS FORM

EFFECTIVE IMMEDIATELY

Every applicant for a RESPONSIBLE MANAGING EMPLOYEE (RME) or a SOLE PROPRIETOR contractor's license must submit a "**Chronological History of Projects Form**" ("Project List") as documentation of the applicant's previous supervisory work experience. Use as many pages as necessary to verify your four (4) years of supervisory experience. The Project List may be duplicated and is available on the Contractor License Board's website:

http://cca.hawaii.gov/pvl/boards/contractor/application_publication. Click on "**Chronological History of Projects Form**".

Submit a separate Project List **for each classification** the applicant intends to engage. Only include work experience performing on-site supervision and direction of employees.

Please ensure that the Project List is filled out completely (provide information in each column of the form) and that it includes the following:

- A description of your supervisory work experience performed in-house, with your own crew; and work or trades that were subcontracted to other contractors; and the means and methods of each project listed.
- The "Contract Amount" stated should be commensurate with information stated in the "Detailed Description of the Work You Supervised".
- The "Amount of Supervisory Experience" should only include the actual amount of time spent on-site supervising your own crew. Do not include time spent for design, ordering materials, scheduling or downtime for rain-outs or waiting for delivery of materials.

(CONTINUED ON NEXT PAGE)

NOTE: IF APPLYING FOR MORE THAN ONE CLASSIFICATION, SUBMIT A SEPARATE LIST FOR EACH.

SAMPLE

- Classification requested*
(Check one only)
☐ "A" General Engineering
☐ "B" General Building
☐ "C"

CHRONOLOGICAL HISTORY OF PROJECTS COMPLETED

Project Start Date	Project End Date	Project	Employer	Employer's Classification	Position Title (# of workers supervised)	Detailed Description of the Project and the Work You Supervised	Contract Amount**	Amount of Supervisory Experience** (yrs/months)
1/12/14	6/22/14	John Doe Residence 220 Palama Street, Honolulu	John Construction	"B" General Building	Foreman - 8 workers	New residence - supervised foundation, framing, roofing with own crew. Coordinated plumbing, electrical, and drywall subcontractors	\$200,000	5 months
8/1/13	5/1/14	J. Doe Communications, Honolulu, HI	John Excavating Inc.	C-17 Excavating, grading & trenching	Construction supervisor - 12 workers	Detailed description: Construction of 90 site CML/PCS network. Project consisted of excavating/trenching for installation of new conduit & manhole/vault systems. Grading of affected work areas to normal conditions. Direct supervision of: installation of new communications conduits & manhole systems by in-house crews. Included excavation, trenching, directional drilling & surface restoration/grading (asphalt & concrete).	\$1,200,000	6 months (Actual) supervisory time - not the time project is on the books)

***You must submit a separate list for each classification requested.**

**All information should be specific to the license classification you are applying for. As in the second example, if you are applying for a specialty classification, the contract amount and years/months of supervisory experience should be specific to that specialty, and not the entire construction project (project start and end dates).

Please Print Name: _____

Entity: _____

RME: _____

Sole Owner: _____

Classification requested*
(Check one only)
☐ "A" General Engineering
☐ "B" General Building
☐ "C" _____

CHRONOLOGICAL HISTORY OF PROJECTS COMPLETED

Project Start Date	Project End Date	Project	Employer	Employer's Classification	Position Title (# of workers supervised)	Detailed Description of the Project and the Work You Supervised	Contract Amount**	Amount of Supervisory Experience** (yrs/months)

***You must submit a separate list for each classification requested.**

****All information should be specific to the license classification you are applying for. As in the second example, if you are applying for a specialty classification, the contract amount and years/months of supervisory experience should be specific to that specialty, and not the entire construction project (project start and end dates).**

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.