

CITY OF BURLINGTON  
Inspection Department  
400 Washington  
Burlington, IA 52601

ELECTRICAL  
 PLUMBING

**AFFIDAVIT OF EXPERIENCE \***

STATE OF IOWA, County of Des Moines, ss:

I, \_\_\_\_\_  
(Name of Supervising License Holder, Human Resources Director, or Union Business Agent)

of \_\_\_\_\_  
City State Zip

(Phone) (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ (Occupation) \_\_\_\_\_

being first duly sworn, depose and say that in my capacity as set out above, I personally know that  
\_\_\_\_\_ has been actively employed in the  
(Applicant's Name)

Electrical  Plumbing trade as a  Master/Contractor  Journeyman  Apprentice  
(CHECK ONE) (CHECK ONE)

for \_\_\_\_\_ years \_\_\_\_\_ months, from \_\_\_\_\_ to \_\_\_\_\_,  
Date Date

by \_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Signature of Affidavit Provider

Subscribed and sworn to before me by \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR THE STATE OF IOWA

Please describe below the type and extent of work experience attributable to applicant. Be as explicit as possible.

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

**\* Provide: Name, address, phone number and copy of license of the person supervising the applicant during their training.**