

**BOABC WORK EXPERIENCE VERIFICATION FORM**

A Regular and/or Associate One (1) Member is eligible to apply for Certification after successfully passing the respective Building Officials’ Association of British Columbia (BOABC) Examinations and completing the required work experience while employed by a City, Municipality, Regional District or other acceptable form of Local, Provincial or Territorial Government.

[a] For **Level One (1) Certification** for Regular and Associate One (1) **□** YES

Members, the applicant must have a work experience requirement of Two

(2) years, deemed to consist of 24 months of work within a 36 month

period.

[b] And/or **Level Two (2) Certification** for Regular and Associate One (1) **□** YES

Members, the applicant must have a work experience requirement of Three (3)

years, deemed to consist of 36 months of work within a 54 month

period.

[c] And/or **Level Three (3) Certification** for Regular and Associate One (1) **□** YES

Members, the applicant must have a work experience requirement of Four (4)

years, deemed to consist of 48 months of work within a 72 month

period.

[d] **PLUMBING**-**Level One (1) Certification** for Regular and Associate One (1) **□** YES

Members, the applicant must have a work experience requirement of Two

(2) years, deemed to consist of 24 months of work within a 36 month

period. \*

[e] **PLUMBING**-**Level Two (2) Certification** for Regular and Associate One (1) **□** YES

Members, the applicant must have a work experience requirement of Two

(2) years, deemed to consist of 24 months of work within a 36 month

period.

(\*both plumbing levels require two years)

**SUPERVISOR VERIFICATION**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has completed the above mentioned work experience in the capacity of a Building Inspector, Plans Examiner or other (explain).

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Supervisor Signature Date