

CERTIFICATE OF EXPERIENCE FORM

FULL NAME: _____
First Middle

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____
Street or PO Box # City and State Zip Country

POSITION TITLE OF APPLICANT: _____

TYPE OF ACCOUNTING EMPLOYMENT: PUBLIC PRIVATE INDUSTRY ACADEMIC

PERIOD OF EMPLOYMENT:

FULL-TIME: FROM _____ TO _____ TOTAL HOURS: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

PART-TIME: FROM _____ TO _____ TOTAL HOURS: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

ATTESTATION

NAME _____ POSITION _____
PHONE NO _____ EMAIL _____
RELATIONSHIP TO APPLICANT _____

NATURE AND LEVEL OF WORK PERFORMED BY APPLICANT (ATTACH ADDITIONAL – SIGNED – SHEETS AS NECESSARY):

I hold an active license (# _____) to practice public accounting in the State of _____, which expires on _____.

I certify under penalty of perjury that I have reviewed the applicant's work, this completed form and any attachments, and that the information is correct and in compliance with Law Number 236, approved September 13, 2012.

SIGNATURE

DATE