



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

EXPERIENCE VERIFICATION FORM

ALL INFORMATION MUST BE COMPLETED IN ORDER TO DOCUMENT APPLICABLE EXPERIENCE. PLEASE SUBMIT ONE FORM PER EMPLOYER.

Applicant Name:

Last Name

First Name

Middle Name

Suffix

Company Name:

Date of Employment:

From:

To:

(mm/dd/yyyy)

Name of person that can verify experience:

Phone Number:

Last

First

(Area Code) Phone Number

Provide a detailed description of duties performed that are relevant to the license in which you are seeking: