



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
7 Eagle Square, Concord, NH 03301
Phone: 603-271-2152

<https://www.oplc.nh.gov/mechanical-safety-and-licensing-board>

AFFIDAVIT FOR PROOF OF APPROPRIATE FIELD EXPERIENCE

First Name: _____ Last Name: _____ Date: _____

Start Date	End date	Name of Company Phone #	Supervisors Name printed	Type of work performed

Additional comments:

Signature of Sponser/ Supervisor _____ Date: _____

Signature: _____ Date: _____

I acknowledge that, under RSA 641:3, I knowingly making a false statement on this affidavit form is a misdemeanor. I certify that the information I have provided on all parts of the affidavit form and in the documents that I have personally submitted to support my application is complete and accurate to the best of my knowledge and belief. I also certify that I have read RSA 153:27 through RSA 153:38 and the statues and rules of the board and promise that, if I am licensed or certified, I will abide by them.