



V: 032720

## STATEMENT OF WORK EXPERIENCE FOR RECERTIFICATION OF THE BRIDGE COATING INSPECTOR (BCI) CERTIFICATION

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**Applicant Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Please list the date when you started working for this company:**

Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Contact Information for Verification:**

Name \_\_\_\_\_

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

**Work Experience Description:** (Please Print)

List Jobs which are verifiable, must have 2,000 hours of work experience.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_