
NAME OF COMPANY/ OFFICE

ADDRESS/E-MAIL/TELEPHONE NO./FAX NO.

CERTIFICATE OF EXPERIENCE

WARNING: All statements are subject to verification and any false statement of misrepresentation made in this CERTIFICATE is a ground for disqualification and criminal prosecution.

TO THE BOARD FOR: _____

This is to CERTIFY that Mr./Ms. _____ is/has been employed with the above- namedoffice/company located at _____ for the period and performed duties indicated below:

FROM	TO	POSITION HELD	SPECIFIC WORK/FUNCTIONS

Affiant (Certifying Officer)
(Signature over printed name)

SUBSCRIBE AND SWORN to before me this ____day of _____, 20 ____ at _____. Affiant exhibited to me this Community Tax Certificate No. _____ issued at _____ on _____.

Certificate of Registration No. _____ issued on _____

NOTARY PUBLIC

- IMPORTANT:**
- 1. The certifying officer should be a registered professional of the same discipline whose date of registration is prior to the date of employment and PRC ID must be valid.
 - 2. This form is good only for one office/company.
 - 3. Certificate of Employment must accompany this Certificate of Experience.

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

Note: For examinees in Environmental Planning, the Certifying Officer should be the Immediate Supervisor, whether or not he/she is a Registered Environmental Planner.