ILLINOIS STATE BOARD OF EDUCATION

School Business and Support Services Division 100 North First Street, N-330 Springfield, Illinois 62777-0001

BUILDING CODE TRAINING AND EXPERIENCE FORM

Directions : Check appropriate box and submit at least one of the following	owing:	
Evidence of licensure as a design professional or a structura	l engineer, <i>or</i>	
Evidence that the individual holds a bachelor's degree in a training or experience in one of those fields or project manag		truction with at least 1,000 hours of
Evidence that the individuals holds a bachelor's degree in a 2,000 hours of training or experience in architecture, enginee		
Written certification of at least 4,000 hours of training or e maintenance of commercial buildings for compliance with ap		inspection, design, construction, or
EMPLOYER NAME	JOB TITLE	
ADDRESS (Street, City, State, Zip Code)	DATES OF EMPLOYMENT	to n/yyyy mm/yyyy
	BUSINESS TELEPHONE (Include Area Code)	
DUTIES AND RESPONSIBILITIES	PROJECT NAME	NUMBER OF HOURS
EMPLOYER NAME	JOB TITLE	
ADDRESS (Street, City, State, Zip Code)	DATES OF EMPLOYMENT to	
	mm/yyyy mm/yyyy BUSINESS TELEPHONE (Include Area Code)	
DUTIES AND RESPONSIBILITIES	PROJECT NAME	NUMBER OF HOURS
hereby certify that the information submitted above is true and	valid and I understand that the	State Superintendent may deny or
ature of Applicant: Date:		
Jaco		