## **ILLINOIS STATE BOARD OF EDUCATION**

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

## MECHANICAL CODE TRAINING AND EXPERIENCE FORM

Directions: Check appropriate box and submit at least one of the following	lowing:	
Evidence of licensure as a design professional or a structura	al engineer, <b>or</b>	
Evidence that the individual holds a bachelor's degree in training or experience in one of those fields or project management.		ruction with at least 1,000 hours of
Evidence that the individuals holds a bachelor's degree in a <b>2,000</b> hours of training or experience in architecture, engine		
Written certification of at least 4,000 hours of training or emaintenance of commercial buildings for compliance with approximately approximat		inspection, design, construction, or
EMPLOYER NAME	JOB TITLE	
ADDDECC (Chroat City State Tip Code)	DATES OF	
ADDRESS (Street, City, State, Zip Code)	EMPLOYMENT to	
	mm/yyyy mm/yyyy  BUSINESS TELEPHONE (Include Area Code)	
DUTIES AND RESPONSIBILITIES	PROJECT NAME	NUMBER OF HOURS
		C. Hoons
EMPLOYER NAME	JOB TITLE	
ADDRESS (Street, City, State, Zip Code)	DATES OF to to	
	BUSINESS TELEPHONE (Include Area Code)	
DUTIES AND RESPONSIBILITIES	PROJECT NAME	NUMBER OF HOURS
hereby certify that the information submitted above is true and		State Superintendent may deny or
revoke my approval for falsifying information.	. vana ana ranadistana anat me	cate supermentation may delig of
ignature of Applicant: Date:		