

Northern Nevada Office  
700 E. Fifth Street, Suite 105  
Carson City, NV 89701  
Phone: (775) 687-9115

State of Nevada  
Department of Education  
Office of Teacher Licensing

Southern Nevada Office  
9890 S Maryland Pkwy  
Suite 231  
Las Vegas, NV 89131  
Phone: (702) 486-6458

**Work Experience Verification**

Form TL.BI. WE

***License Applicant: Please fill in the personal data in the box below and mail this form to your previous employer. This form must then be submitted with your initial application.***

The teacher applicant listed below is requesting that you provide our office with verification of his/her teaching experience within your school or district.

Last Name	First Name	MI	Maiden Name
Address	City	State	Zip Code
Social Security #	Date of Birth	Contact #	

**A. For Self-Employment Use Only:**

Name and/or Type of Business \_\_\_\_\_  
Primary responsibilities \_\_\_\_\_

Length of employment: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
(Month/Year) (Month/Year)

Check One:  Full Time (40 + hours weekly)  Part Time (List total hours worked) \_\_\_\_\_

***Please attach proof of self-employment (tax records, copy of current business/professional license, or notarized affidavit) attesting to work experience.***

I, \_\_\_\_\_, certify that the above information is true and correct to the best of my knowledge and belief.

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

Title: \_\_\_\_\_ Contact # \_\_\_\_\_

**B. For Employer's Use Only**

In order to obtain a Business & Industry license, the applicant must present proof of related work experience in the area(s) of study. Please provide the following information in support of the applicant's request.

Name and type of employer's business: \_\_\_\_\_

In what capacity were you associated with the applicant? \_\_\_\_\_

What specific type of work did the applicant perform? \_\_\_\_\_

Length of employment: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
(Month/Year) (Month/Year)

Check One:  Full Time (40+ hours weekly)  Part Time (List total hours worked) \_\_\_\_\_

I \_\_\_\_\_ certify that the above information is true and correct to the best of my knowledge and belief.

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

Title: \_\_\_\_\_ Phone: \_\_\_\_\_