



# Requirement Verifications

Please print clearly and/or complete electronically.

## Instructions:

1. Fill out the form in its entirety.
2. **Have your supervisor confirm the information and statement via their signature.**
3. Email, fax or mail this completed form to:

NBBLO

Attention: Ken Musgrave

PO Box 67

New Creek, WV 26743

Fax: 702/943-3300

Email: Ken@nbblo.org

Applicant  
Name & Title:

\_\_\_\_\_

Jurisdiction:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
(Street / City / State / Zip)

Applicant  
Work Phone #:

\_\_\_\_\_

Name of State  
Licensing Organization

\_\_\_\_\_

***I certify that the above Applicant is: 1) currently employed as a Licensing Official by the above jurisdiction 2) has been employed in the same capacity for at least 2 years 3) the candidate is at least 21 years of age and 4) is currently an active member in our state licensing organization (when an active organization exists in your state).***

Applicant's  
Supervisor:

\_\_\_\_\_  
Printed Supervisor Name & Title

Supervisor  
Signature:

\_\_\_\_\_  
X

Supervisor  
Work Phone #:

\_\_\_\_\_