

**AFFIDAVIT FORM**  
**NCICLB Self-Proclaimed Education through Experience**

I, \_\_\_\_\_ (name), a licensed irrigation contractor in the state of North Carolina, first licensed on \_\_\_/\_\_\_/\_\_\_\_\_ (date of first licensure), duly swear that I completed 40 hours of irrigation related work between the dates given below. I understand that by completing this form, I am declaring the contents within to be the absolute truth.

1. 40 hours completed between \_\_\_/\_\_\_/\_\_\_\_\_ and \_\_\_/\_\_\_/\_\_\_\_\_
2. 40 hours completed between \_\_\_/\_\_\_/\_\_\_\_\_ and \_\_\_/\_\_\_/\_\_\_\_\_
3. 40 hours completed between \_\_\_/\_\_\_/\_\_\_\_\_ and \_\_\_/\_\_\_/\_\_\_\_\_

The work completed during this time was compiled of: (round estimate of hours)

- \_\_\_ Installation
- \_\_\_ Start-up(s)
- \_\_\_ Repairs
- \_\_\_ Maintenance
- \_\_\_ Winterization(s)
- \_\_\_ Design
- \_\_\_ Estimation
- \_\_\_ Irrigation Sales
- \_\_\_ Other (as described in chart)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Please submit your graph of work hours and any other supporting documents with this affidavit\*