

Texas Real Estate Commission P.O. Box 12188 Austin, Texas 78711-2188

www.trec.texas.gov (512) 936-3000

AFFIDAVIT IN SUPPORT OF CLAIM FOR INSPECTOR EXPERIENCE

NAME OF APPLICANT				
Last	First	Middle		TREC ID or License Number (if known)
NAME OF AFFIANT				(ii kilowily
Last	First	Middle		E-mail Address
Address	City	State	Zip	Phone Number
Explain your knowledge of applicant's serving, repairing, or maintaining the str				
 What is your relationship to the applican	t? Friend Coworker	Relative	Other	
Certify that the facts provided in this af			my knowledge.	Date
	VERIFICATION	J		
State of	§			
County of	§ 			
efore me, a notary public, on this day peerson whose name is subscribed to the ontained are true and correct.		y me first duly	/ sworn, declare	, known to me to be the d that the statements therein
		Notan/ Pub	lic, State of	
		. totary r do	Jtale 01	
		My commi	ccion ovniroc:	