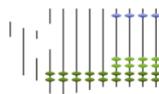


Experience Affidavit 1B



Complete Name: _____

ADDITIONAL WORK EXPERIENCE

Include the additional work experience hours and months in the Total Experience Earned section on page 1.

Organization 3

Organization: _____

Address: _____

Start Date (mm/dd/yyyy): _____

End Date (mm/dd/yyyy): _____

Total hours worked: _____

Total months worked: _____

Organization 4

Organization: _____

Address: _____

Start Date: _____

End Date: _____

Total hours worked: _____

Total months worked: _____

Organization 5

Organization: _____

Address: _____

Start Date: _____

End Date: _____

Total hours worked: _____

Total months worked: _____

Organization 6

Organization: _____

Address: _____

Start Date: _____

End Date: _____

Total hours worked: _____

Total months worked: _____

The Washington State Board of Accountancy is required to comply with the Public Records Act, [Chapter 42.56 RCW](#). The information you submit to the Board may be subject to disclosure as a public record.