

**Initial Secondary-Vocational Technical License Checklist**

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| Licensee’s Name:        | File Number:       |
| Application Date:       | Issue/Review Date:       |
| Consultant’s Name:  | License Type: 800 |

**Documents Required:**

[ ]  Social Security number provided, (Copy of card needs to be provided, if social not placed on application)

[ ]  Official sealed transcripts of a Bachelor's Degree conferred from a regionally accredited college or university including 32 credit hours of a vocational-technical training related to the occupational area **OR**

[ ]  Official sealed transcripts of an Associate’s degree conferred **AND**

 [ ]  Two (2) years verified work experience related to the occupational area **OR**

[ ]  Certificate plus

 [ ]  Three (3) years verified work experience related to the occupational area **OR**

[ ]  High school diploma/GED plus

 [ ]  Five (5) years verified work experience related to the occupational area

**For office use only:**

[ ]  Email sent requesting:

[ ]  Level 1P: 3-year license issued

Comments: