



VERIFICATION OF CONSTRUCTION EXPERIENCE

**ALL INFORMATION IS TO BE TYPED OR PRINTED
ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED
INFORMATION HEREON MUST BE ORIGINAL - NO COPIES OR FAXES**

Hillsborough County Contractor Licensing
601 E. Kennedy Boulevard, 19th Floor
P.O. Box 1110
Tampa, Florida 33601

Date: _____

In Reference To:

NAME OF APPLICANT: FIRST NAME MIDDLE INITIAL LAST NAME SR, JR, I, II, etc.

I, FULL NAME OF LICENSE HOLDER, license number CONTRACTOR LICENSE or CERTIFICATE #

licensed in JURISDICTION IN WHICH LICENSE WAS ISSUED, hereby certify that I personally have knowledge

that NAME OF APPLICANT has a total of ACTUAL HOURS hours **HANDS-ON** experience

and a total of ACTUAL HOURS hours (**if applicable**) as a **FOREMAN/SUPERVISOR** performing the work described below,

having performed said work between MONTH/YEAR to MONTH/YEAR.

DO NOT COMBINE HANDS-ON HOURS WITH SUPERVISORY HOURS.

In your own words describe what you know of the applicant's experience. Describe the type of hands-on work he/she performed. Describe the kind of buildings, structures, or projects worked upon. Give any details that might aid in evaluating his/her experience. Attach additional page(s) as necessary.

NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____, day of _____, 20_____

by _____
(Printed/Typed Name of License Holder Making Statement)

Personally Known _____ to me OR Produced Identification

(Type of Identification Produced)

(Signature of Notary)

My Commission expires: _____

SIGNATURE OF LICENSE HOLDER ATTESTING TO WORK

PRINTED NAME OF LICENSE HOLDER

CONTACT PHONE NUMBER W/ AREA CODE

Affix Notary Seal

NOTE: If applicant is self-employed, notarized letters from Building Officials, licensing agencies, and/or contractors you performed work for will be accepted. This form may be duplicated. Verification forms must be furnished to substantiate the minimum experience in the category for which application is made.