



Local Specialty and State Registered Verification of Construction Experience

PLEASE NOTE: If the contractor verifying your work experience is not a Certified State of Florida contractor, include a copy of his/her contractor's license. The license must have required testing for the license holder to be qualified to complete the Verification of Experience form.

PLEASE NOTE: If applicant is self-employed, notarized letters from building officials, licensing agencies, and/or contractors you performed work for may be submitted for Board consideration. Provide official documents on letterhead with verifier's title/position, contact information, and notarized signature. Verification letters must be furnished to substantiate the minimum experience in the trade. It is suggested you submit letters from multiple sources. Letters must contain significant detail of hands-on experience.

Date: _____

In reference to applicant: _____
First Middle Last Suffix

I, _____, _____
Print Full Name of License Holder Contractor License # or Certificate #

licensed in: _____, hereby certify that I personally have knowledge that the above
Jurisdiction of License

named applicant has the **EXPERIENCE PERFORMING THE WORK DESCRIBED ON PAGE 2**, having

performed **HANDS-ON** work between _____ to _____.
Month/Year Month/Year

One year of full-time work = 2,000 hours (approximately 167 hours a month)

HANDS-ON & FOREMAN/SUPERVISOR CANNOT BE COMBINED AS A TOTAL BUT THEY MAY OVERLAP IN TIME PERIODS

_____ Hours **HANDS-ON** (confirm required minimum hours on trades list)

_____ Hours as a **FOREMAN/SUPERVISOR** (if applicable)

License Holder Signature: _____ **Contact Phone #:** _____

**STATE OF FLORIDA
COUNTY OF HILLSBOROUGH**

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this

_____ day of _____, _____, by _____.
(day) (month) (year) (name of person affirming)

Personally Known OR Produced Identification

Type of Identification Produced

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Notary Seal)

(Commission Number)

(Expiration Date)



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Members of the Board are required to ascertain whether an applicant demonstrates the appropriate amount of hands-on experience to qualify for the Certificate of Competency (Contractor's License) in a trade.

In your own words describe what you know of the applicant's experience. Describe the type of hands-on work he/she performed. For example - describe the kind of buildings/structures/projects worked, scopes of work, commercial or residential, interior or exterior, application processes, materials used, phase of construction, etc. Give any details that might aid in evaluating his/her experience. Attach additional notarized page(s) as necessary.

Print Full Name of License Holder

Contractor License # or Certificate #

**STATE OF FLORIDA
COUNTY OF HILLSBOROUGH**

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, _____, by _____.

(day) (month) (year) (name of person affirming)

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