

Okaloosa County

Electrical Contractor Experience Affidavit

A person shall be entitled to take the examination for the purpose of determining whether he or she is qualified to engage in **Electrical Contracting, Alarm System Contracting, or Specialty Electrical Contracting** throughout Okaloosa County if the person is 22 years of age or older and meets eligibility requirements according to one of the following criteria:

_____ 1. Has, within the 6 years preceding the filing of the application, at least three (3) years of proven management experience in the trade or education equivalent thereto, or a combination thereof, but not more than one-half (½) of such experience may be education equivalent.

_____ 2. Has, within the eight (8) years immediately preceding the filing of the application, at least four (4) years experience as a foreman, supervisor, or contractor in the trade for which he/she is making application.

_____ 3. Has, within the twelve (12) years immediately preceding the filing of the application, at least six (6) years of comprehensive training, technical education, or supervisory experiences associated with an electrical or alarm system contracting business, or at least six (6) years of technical experience in electrical or alarm system work with the Armed Forces or a government entity.

_____ 4. Has, within the twelve (12) years immediately preceding the filing of the application, been licensed for three (3) years as a professional engineer who is qualified by education, training or experience to practice electrical engineering.

*For purposes of this subsection “**supervisory**” means a person having the experience gained while having the general duty of overseeing the technical duties of the trade, provided that such experience is gained by a person who is able to perform the technical duties of the trade without supervision. *

NOTE: ANY FALSE INFORMATION PROVIDED ON THIS FORM MAY SUBJECT THE PERSON SIGNING TO DISCIPLINARY ACTION. THE PERSON SIGNING MUST BE A LICENSED CONTRACTOR, AND FALSE INFORMATION ON THIS FORM COULD RESULT IN THE LOSS OF LICENSE.

Name of Applicant _____

Print Name of Person Verifying Experience _____ Address _____

State License Number & State Licensed In _____ Phone Number with Area Code _____

I certify that the above information is true and correct this _____ day of _____ 20____.

Signature of person verifying experience

STATE OF: _____ COUNTY OF: _____

The above license holder, whose name is _____, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this _____ day of _____ 20____.

Notary's Signature

My Commission Expires