

**Okaloosa County**  
**Pool Contractor Experience Affidavit**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**Place a check by one of the following trades that you are applying to become licensed in:**

**Commercial Pool/Spa Contractor** – Four (4) years of construction related experience in swimming pool construction.

**Residential Pool/Spa Contractor** – Three (3) years of construction related experience in swimming pools construction.

**Swimming Pool/Spa Servicing Contractor** – One (1) year of proven experience related to the scope of work of a swimming pool/spa servicing contractor and has satisfactorily completed sixty (60) hours of instruction as per Rule 61G4-18.003 F.A.C.

**For the purpose of experience requirements, a minimum of 2,000 man-hours shall be used in determining one (1) year of work experience, per Okaloosa County Ordinance 07-32.**

*Educational Credit:* A Bachelor's degree in a related field from an accredited institution shall be equal to three (3) years experience; a Bachelor's degree in a non-related field shall be equal to two (2) years experience; an Associates degree in related field from an accredited institution shall be equal to one (1) year of experience.

-----**VERIFICATION INFORMATION**-----  
THIS SECTION TO BE COMPLETED BY PERSON VERIFYING EXPERIENCE

**This is to verify that the applicant has required experience listed above in the field they are applying for.**

\_\_\_\_\_  
Print Name of Contractor Verifying Experience

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
State License #

\_\_\_\_\_  
Telephone Number

**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