

**OKALOOSA COUNTY
RESIDENTIAL CONTRACTOR'S EXPERIENCE AFFIDAVIT**

APPLICANT NAME: _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

PHONE: HOME - (____) _____ WORK - (____) _____

-----EXPERIENCE INFORMATION-----

I, _____, am qualifying for the Residential Contractor's examination sponsored by Okaloosa County, per Ordinance No. 07-32.

One year of structurally related experience in four (4) or more of the following areas, please circle all that apply:

- | | | | | |
|---------------|-----------------|--------------|---------------------|-----------------------------|
| Site Work | Excavation | Footings | Piles and pile caps | Laying concrete slabs/decks |
| Masonry walls | Trusses | Wood framing | Reinforcement bar | Steel erection |
| Formwork | Column erection | | | |

**Four (4) years of experience is required before the examination can be taken, your experience is broken down as follows:
Mark One:**

1. _____ Four (4) years of construction related experience with at least one (1) year of structurally-related experience in residential construction.
2. _____ *A Bachelor's degree in a construction related field (equivalent to three (3) years experience), and at least one (1) year of structurally-related experience in residential construction.
3. _____ *A Bachelor's degree in a non-construction related field (equivalent to two (2) years experience), and two (2) years of experience in residential construction, with at least one (1) of those years being structurally-related.
4. _____ *An Associates degree in a construction related field (equivalent to one (1) year of experience), and three (3) years of experience in residential construction, with at least one (1) of those years being structurally related.

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.

*** APPLICABLE RELATED DEGREES ARE AS FOLLOWS: CIVIL ENGINEERING, BUILDING CONSTRUCTION, AND ARCHITECTURE. ALL OTHER DEGREES QUALIFY IN THE NON-RELATED CATEGORY. A COPY OF OFFICIAL COLLEGE TRANSCRIPTS/DIPLOMA MUST ACCOMPANY THIS APPLICATION.**

NOTE: MISREPRESENTATION OF INFORMATION ON THIS APPLICATION MAY RESULT IN DENIAL OF THIS APPLICATION.

-----VERIFICATION INFORMATION-----

THIS SECTION TO BE COMPLETED BY PERSON VERIFYING EXPERIENCE

PLEASE CHECK ONE:

- | | |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> A CURRENT FL STATE CERTIFIED GENERAL, BUILDING OR RESIDENTIAL CONTRACTOR | <input type="checkbox"/> ANY CURRENT REGISTERED ARCHITECT |
| <input type="checkbox"/> A CURRENT FL STATE REGISTERED GENERAL, BUILDING OR RESIDENTIAL CONTRACTOR | <input type="checkbox"/> ANY CURRENT BUILDING OFFICIAL |
| <input type="checkbox"/> ANY CURRENT REGISTERED ENGINEER | |

PRINT NAME OF PERSON VERIFYING EXPERIENCE ADDRESS

STATE LICENSE NUMBER PHONE NUMBER

JURISDICTION OF RECORD STATE OF AND COUNTY/CITY OF

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT THIS _____ DAY OF _____, 20____.

SIGNATURE OF APPLICANT

NOTARIZED 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

VERIFICATION OF STRUCTURAL EXPERIENCE FOR WORK OUTSIDE OF FLORIDA

- 1. List and describe below, the work performed on projects which the applicant worked, and have the contractor for whom the applicant worked sign the statement verifying that the applicant worked on those projects, and have an architect, engineer or two (2) building officials certify that the contractor who verified the applicant's experience on those projects was the contractor of record for those projects, **OR**
- 2. Holding an out of state license in the field for which the applicant is applying and submitting proof from that state's licensing authority that the out of state license was issued as a result of an examination and supporting documentation from that state's licensing authority describing the scope of work of that license.

LIST AND DESCRIBE WORK PERFORMED:	LIST DATES: FROM - TO
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TO BE COMPLETED BY BOTH APPLICANT AND PERSON CERTIFYING WORK EXPERIENCE OUTSIDE OF FLORIDA

I understand that any false information provided on this form may subject the person (s) signing below to disciplinary action and possible loss of license. I understand DIRECT KNOWLEDGE does NOT mean I am relying on a statement from the applicant that she/he has met the requirements.

I CERTIFY THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CONTRACTOR CERTIFYING EXPERIENCE

STATE LICENSE NUMBER

SIGNATURE OF ARCHITECT/ ENGINEER

ARCHITECT/ENGINEER NUMBER /SEAL

OR TWO (2) BUILDING OFFICIALS:

BUILDING OFFICIAL

STATE, COUNTY/CITY PHONE#

BUILDING OFFICIAL

STATE, COUNTY/CITY PHONE#

SIGNATURE OF APPLICANT

BEFORE ME PERSONALLY APPEARED THE ABOVE PERSON(S), KNOWN AND KNOWN TO ME TO BE THE PERSON DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT AND ACKNOWLEDGE TO AND BEFORE ME THAT EXECUTED SAID INSTRUMENT FOR THE PURPOSES THEREIN EXPRESSED.

SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20__.

NOTARY SIGNATURE

NOTARY PRINTED NAME

****ALL ATTACHMENTS PERTAINING TO EXPERIENCE MUST ALSO BE SIGNED BY VERIFIER AND NOTARIZED****

Affidavit of 4 years related Construction Experience for the General and Building applicants
Required by Florida State Statues chapter 489.111

Name of Applicant: _____

Name of Project: _____

Position held on job: _____

Length of time on job: _____

Type of work/duties preformed on job: _____

Name of Project: _____

Position held on job: _____

Length of time on job: _____

Type of work/duties preformed on job: _____

Name of Project: _____

Position held on job: _____

Length of time on job: _____

Type of work/duties preformed on job: _____

Name of Project: _____

Position held on job: _____

Length of time on job: _____

Type of work/duties preformed on job: _____

This section to be completed by the person verifying the above experience & the affidavit of experience.

Name: _____ Title: _____

Company Name: _____

Address: _____

Telephone Number: _____ State License Number: _____

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT THIS ____ DAY OF
____ 20____.**

Signature of person verifying experience _____

Before me personally appeared _____ named above, known and known to me to be the person described in and who executed the forgoing instrument and acknowledged to and before me that executed said instrument for the purposes therein expressed.

Sworn and subscribed before me this _____ day of _____ 20_____.

Notary Signature

SEAL