



**CLASS I or CLASS II PROOF OF  
EXPERIENCE AFFIDAVIT FOR CONSTRUCTION LICENSE**

Applicant's Name: \_\_\_\_\_ Certificate Category Requested: \_\_\_\_\_

The applicant is seeking a St. Johns County Certificate of Competency in the trade indicated above. As part of the application for this certificate, the applicant must verify his/her experience within this trade. You are being requested to provide information that will aid the applicant in meeting this requirement. You should verify time of active experience working as an apprentice or a skilled worker (e.g., as a worker commanding the wage of mechanic or better in the trade). Time served solely in a supervisory or administrative role should be described, but may or may not be considered sufficient to demonstrate required trade experience. The License Holder verifying trade experience for the above-named applicant must provide the following information: (Use separate sheet if necessary)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_ License No. \_\_\_\_\_

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

Street

City/State

Zip Code

The applicant was employed by me from \_\_\_\_\_ to \_\_\_\_\_

Applicant's title(s): \_\_\_\_\_

The applicant's scope of work (specific duties) included: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**NOTE TO LICENSED CONTRACTORS: Under penalty of perjury, I declare that the facts stated here are true.**

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

**STATE OF FLORIDA COUNTY OF ST. JOHNS**

**NOTARY as to Contractor Signature above:**

**Sworn to or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.**

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Commission Number & Expiration Date

**Building Department**  
4040 Lewis Speedway, St. Augustine, FL 32084  
904.827.6800 | [www.sjcfl.us](http://www.sjcfl.us)