

# **AFFIDAVIT BY LICENSED MASTER IN SUPPORT OF**



## **JOURNEYMAN APPLICANT EXPERIENCE QUALIFICATIONS**

The person certifying to his/her knowledge the experience of the applicant shall complete the form below. **READ THE INSTRUCTIONS BEFORE PROCEEDING.**  
**(Do not leave any spaces blank.)**

I, \_\_\_\_\_ certify that I am  
**personally** familiar with the (PRINT NAME HERE-Licensed Master)  
work experience of \_\_\_\_\_  
(NAME OF APPLICANT)

during the period from \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

and that I know of my own direct knowledge that said applicant was employed by me as follows:

(Describe the type of work performed and the position worked, whether as a helper, trim installer, etc. or a foreman or supervisory role worked as a W-2 employee of your company. Describe the kind of buildings, structures or projects worked on and the extent of trade experience known to you that qualifies Applicant to test for the license.)

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\_\_\_\_\_  
Signature of Licensed Master Print name of Licensed Master

\_\_\_\_\_  
City, State & Zip Code of Licensed Master License No. (Certified or Registered) Licensed Master

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary Public

Personally known \_\_\_\_\_ or Produced Identification \_\_\_\_\_ Identification Produced \_\_\_\_\_

**Once this document is completed please return to Journeyman Applicant to submit with their application.**

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