



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.)

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]

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.sicfl.us