

VERIFICATION OF CONSTRUCTION EXPERIENCE

Lee County Development Services, Attention: Contractor Licensing
P.O. Box 398, Fort Myers, Florida 33902
Phone (239) 533-8895

Applicant's Name: _____

Certificate/Trade Category Requested: _____

The Applicant is seeking a Lee County Certificate of Competency in the trade indicated above. As part of the application for this certificate the Applicant must verify their 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 for you 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 following information must be provided by the person verifying trade experience for the above-named applicant:**

Name: _____
(name of the person signing below and verifying the Applicant's relevant experience)

Title: _____ License Number: _____
(e.g., Owner, Supervisor, Etc.)

Name of Company or Business: _____

Company or Business Address: _____
Street or P.O. Box City State Zip

E-Mail Address: _____

Business or Office Phone: () _____

Applicant's Title (s): _____

The Applicant was employed by me from _____ / _____ to _____ / _____

The Applicant's scope of work (**identify specific duties**) while employed by me included: _____

List five (5) construction task/projects completed by applicant while employed by you/your company, including but not limited to task/project title, location and dated completed: _____

Indicate the type of contracting under taken by you/your organization and the total number of years of experience you have within that type of contracting: _____

List the amount of time the applicant has worked for you/your organization as a skilled worker: _____

List the amount of time the applicant has worked for you/your organization as a supervisor/administrator: _____

Additional Comments: _____

NOTE TO LICENSED CONTRACTORS: Falsifying an information provided herein may subject your license to revocation.

(Signature of Person providing the statement)

Under penalties of perjury, I declare that I have read the forgoing Application and that the facts stated in it are true.

Applicant's Signature

Date

[Verification of Construction Experience.wpd/Revised 9/08/09]