

Section VIII-Work Experience**WORK EXPERIENCE**

Work experience detail is often too general and is missing hands-on experience. The person certifying your experience (affiant) should be specific when explaining your duties and actual hands on experience. In order to process your application more quickly, and not have your application returned to you, describe work experience in detail including hands-on, supervisory or management responsibilities. If affiant of your work experience is not Florida licensed, submit a copy of affiant's license from issuing authority, or proof of the affiant position if licensure is not required from the government authority.

WORK EXPERIENCE

This section must be completed by an architect, engineer, contractor, fire marshal, or building code administrator, who has personal knowledge of the applicant's experience for the period of time listed below.

Instructions:

Provide employment verification for the years of experience required for qualification for certification. Attach additional copies of this page as necessary.

Note: Local Government Employees- To qualify for the fee reduction local government employees must provide Work Experience showing current employment with a local government agency that is signed by the building code administrator.

Applicant Name:

Employing Agency/Company Name:

Agency/Company Address:

Dates of employment by Agency/Company	Date (From) / /	Date (To) / /
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Agency/Company Phone Number:

Position of Applicant:

Describe in detail the applicant's duties, including hands-on, supervisory or management responsibilities. Please be specific when explaining the applicant's duties and hands-on experience.

I attest that the applicant named above has been employed by the agency/company in a: **(Check One)**

supervisory managerial trade position for _____ years

Providing false or misleading information is grounds for discipline of your license under 455.227(1)(a) and (l), F.S.

Print name of licensed architect, engineer, contractor, fire marshal or building code administrator verifying employment and experience: _____

License number of person verifying employment and experience: _____

Signature of person verifying employment and experience: _____

Date: _____