

Office of Planning and Development - Building Division

P.O. Box 9005, Drawer GM02
330 W. Church St.
Bartow, Florida 33831-9005
863-534-6530



contractorlicensing@polk-county.net

www.polk-county.net/aca

This Contractor Experience Verification form must be completed by A Florida Licensed Contractor, Architect Or Engineer, Or A Building Official.

I, _____ certify that I have direct knowledge of the work experience of _____ and that he or she was (is) employed as, or performed work in the following trade category as described below during the following time period:
Date From: _____ Date To: _____

Employing agency/company Information

Company name: _____

Company address: _____

Company phone number: _____ Position held: _____

Describe in detail the applicant's duties and work performed:

Years of supervisory Experience: _____

Describe in detail hands-on supervisory responsibilities:

Print Name of Person Certifying Experience

Phone number

Signature of Person Certifying Experience

License Number

Subscribed and sworn to before me this _____ day of _____, 20_____.

() IS () IS NOT personally known to me. Identified By: _____

NOTARY PUBLIC
State of Florida, County of Polk

My Commission Expires