

Brevard County Planning and Development Development Services

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Employer Experience Affidavit

Experience Requirements

Experience must be documented in writing by your employer(s) past or present for proof of experience. The only acceptable forms of documented writing include the Employer Experience Verification Form, original letters on business letterhead, or original notarized letters. The letters must be specific to the type of work that was done and must document the dates of employment. All documents must be originals.

• Journeyman Applications

All Journeyman applicants shall provide evidence of four years (4) experience in the trade.

- The Contractors' Licensing Board may reduce said requirement to two (2) years for individuals who show proof of formal education in the applicable trade. Documentation is required to substantiate the training and work experience.
- An individual who has completed four (4) years (2000 hours on the job per year) of apprenticeship training in the trade and furnishes a certificate as proof of training are considered to have the required experience.
- Master Applications

All Master applicants shall provide evidence of five (5) years of practical experience in the trade of which a minimum of three (3) years can be as a journeyman.

Be advised Journeyman and Masters are not contractors and thus cannot pull permits or operate a business.

This Section to Be Completed by the Applicant

First Name:	Last Name:				
Street Address:	City:	State:	Zip:		
Trade Applied For:					
Describe in Detail					
Positions held (include dates):					
Describe Work performed (be specific):					
Type of buildings, structures, and job project	s worked on (be specific)):			

Other pertinent information (schools, apprenticeship programs, etc.):

This Section to Be Completed by the Employer Who Is Verifying Listed Experience

This verification is required to be completed by the applicant's current or previous employer holding a contractor's license in the applicable trade. If the employer is otherwise a governmental agency, medical facility, school board, or other related industry, then the facilities personnel or project manager overseeing the applicant's construction or electrical experience may sign off on the experience. Alternate means of experience qualifications may be considered.

First Name:	Last Name:					
Street Address:	City:		State:	Zip:		
Business Name:	Position/Title:					
License Number:						
I, certify under	penalty of	perjury that I er	mploy(ed) the	applicant from		
the start date to the end date		and attest t	o the experie	nce detailed by		
the applicant on page two of this Employer Experi	ence Affid	avit.				
Employer Signature:		Date:				
State of						
County of						
Subscribed and sworn to before me, by means of	physical pr	resence 🗀 or or	line notarizat	tion 📖		
this day of the year	ре	rsonally appeare	ed			
who is personally known to me or produced		as identifica	ation, and wh	o did/did not		
take an oath.						
Notary Public Signature		Seal				