



# BOARD OF COUNTY COMMISSIONERS ESCAMBIA COUNTY, FLORIDA

Construction Competency Board • Board of Electrical Examiners

Building Services Department  
3363 West Park Place, Pensacola, FL 32505  
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## **EXPERIENCE VERIFICATION FORM**

INFORMATION TO BE COMPLETED BY APPLICANT		
Applicant's Name:		
Applicant's Title/Position:		
Employer's Name:		
Employer's Address:		
City/State/Zip Code:		
Work Telephone :		
Dates of Employment	From:	To:
Supervisor's Name:		

INFORMATION TO BE COMPLETED BY EMPLOYER		
Employing Agency/Company's Name:		
Company Address:		
Applicant's Position:		
Dates of Employment of Applicant	From:	To:
Please describe the applicant's duties, including any hands-on supervisory responsibilities:		

I attest the information provided above is true and accurate.

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Contractor License Number

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

**I CERTIFY THAT** \_\_\_\_\_ appeared before me and is personally  
known to me or produced as identification \_\_\_\_\_.  
**SWORN TO AND SUBSCRIBED** before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC