ESCAMBIA COUNTY BUILDING SERVICES
CONTRACTOR LICENSING DIVISION

3363 West Park Place Pensacola, FL 32505
Phone: 850-595-1629 or 850-595-0825
Email: contractorlicense@myescambia.com

EXPERIENCE VERIFICATION FORM

APPLICANT'S INFORMATION	
Name:	
Address:	
Telephone Number:	
EMPLOYER'S INFORMATION	
Business Name:	
Address:	
Telephone Number:	
EMPLOYMENT INFORMATION	
Applicant's Job Title/Position:	
Dates of Employment:	to
☐ W2 Employee (on payroll)	☐ Subcontractor
APPLICANT'S JOB DUTIES DURING EMPLOYMENT	
Detailed Description of Assigned Job Duties:	
Number of Projects Performed:	
Type of Projects Performed:	
List of Project Names Performed:	

Detailed Description of Supervisory or Foreman Duties:
Number of Staff Supervised:
Number of Projects Supervised:
List of Project Names Supervised:

I attest that the information provided above is true and accurate.

Signature of Contractor	Date
Printed Name of Contractor	Contractor's License Number

NOTARY SECTION

STATE OF _____

COUNTY OF _____

The Contractor whose name is _____personally appeared before me and is personally known and/or produced as identification _____.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20_____.

_____ (SEAL)

NOTARY PUBLIC