Columbia County Building Department
Competency Advisory Board

CONTRACTOR AFFIDAVIT OF WORK EXPERIENCE

NOTE: This form must be *signed* by an active licensed contractor who is State Registered or State Certified as a Residential, Building or General contractor in the State of Florida.
All areas of this form must be filled out or it is not a valid affidavit.

I hereby certify that I have direct personal knowledge and I am attesting to this person's knowledge, skills and abilities in each construction trade circled below. For

_____ (Applicants Name) (Circle all that apply)
Mason, Concrete Finisher, Painting, Aluminum/Vinyl Siding, Insulation, Drywall, Plaster, Stucco, Glass, Garage Door Installer, Floor Covering, Ceramic Tile, Cabinet Installer, Acoustical Ceiling, Framing, Metal Building Erector
(See the attached Specialty Contractor list for descriptions of each trade.)

Provide a brief summary of your knowledge of the applicant.

_____

_____

_____

I am an active Certified or Registered Contractor in the State of Florida, my license number is _____. Print Contractors name:_____

Contractors Signature _____ Date _____

Business Name:_____

Phone:_____Address:_____

NOTARY PUBLIC: Subscribed before me this _____ day of _____, _____,

_____
Notary Signature Seal/Stamp

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
PH: 386-719-2023