

Highlands County Building Department
P.O. Box 1926
Sebring, FL 33871
863-402-6644

AFFIDAVIT

I, _____, hereby certify that I have personal knowledge of _____
Name Applicant's Name

experience as _____ from _____ to _____.
Position

This personal knowledge is based on my relationship with the above named applicant as his

Specify Relationship Name Company Name

License # if applicable

Specify duties performed by applicant in detail _____

_____.

Signature and profession of affiant _____.

STATE OF FLORIDA
COUNTY OF HIGHLANDS

The foregoing instrument was acknowledged before me this ____ day of _____, 20__.

By _____ who is personally known to me or who has produced _____
as identification, and who did (or did not) take an oath.

Notary Public

Commission: