

Department of Growth Management

# **BUILDING CONTRACTOR**

"<u>Building Contractor</u>" means any person whose services are limited to construction of commercial buildings and single-dwelling or multiple-dwelling residential buildings, which commercial or residential buildings do not exceed three (3) stories in height, and accessory use structures in connection therewith or a contractor whose services are limited to remodeling, repair, or improvement of any size building if the services do not affect the structural members of the building.

## ALL APPLICANTS MUST BE 22 YEARS OF AGE OR OLDER

#### Okaloosa County requires applicants for State Registered or Local Specialty Licenses to appear before the appropriate competency Board for approval prior to testing.

#### Information Enclosed with Packet:

- 1. Board Dates and Deadlines
- 2. Credit Reporting Agency Approved List
- 3. Application for Board Approval Affidavit
- 4. Building Contractor Experience Affidavit
- 5. Employment History Affidavit
- 6. Verification of Experience Affidavit
- 7. Acknowledgement of Exam/Licensure Deadline Affidavit
- 8. Building Construction and Business & Law Book List
- 9. Board Application Directions

#### Items required before Board appearance can be granted:

- Credit Report\*\* on yourself from a Department of Business and Professional Regulation approved credit report agency (list enclosed in packet);
- \_\_\_\_\_ Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable;
- \_\_\_\_\_ Application for Board Approval Affidavit;
- \_\_\_\_\_ Building Contractor Experience Affidavit;
- \_\_\_\_\_ Employment History Affidavit;
- \_\_\_\_\_ Verification of Experience Affidavit;
- \_\_\_\_\_ Acknowledgement of Exam/Licensure Deadline Affidavit;
- \_\_\_\_ Copy of Driver License;
- \$25 Board Processing fee (cash, check, money order, MasterCard, Visa or Discover credit/debit cards\*) \*additional fees applied to credit/debit payments

\*\*Credit reports must be mailed directly to Okaloosa County Department of Growth Management from the credit agency. **NOTE:** Emailed credit reports will be accepted as long as they are sent directly from the credit reporting agency and can be verified. **PLEASE BE ADVISED**: If the credit report is submitted along with the required documents, THE ENVELOPE MUST BE SEALED. If the envelope is opened, the credit report <u>WILL NOT</u> be accepted from the applicant.

If you are interested in obtaining your <u>State Certified</u> license, please call the Department of Business & Professional Regulation at (850) 478-1395 or visit: <u>www.myfloridalicense.com</u> for information.

> 1250 N. Eglin Parkway, Suite 301, Shalimar, FL 32579 812 E. James Lee Blvd, Crestview, FL 32539 (850) 651-7526

# PLUMBING, MECHANICAL & CONSTRUCTION BOARD DATES FOR 2018

| Board  | Board Meeting date            | Applicant's deadline before<br>Board meeting | Agenda's<br>Due    |
|--|-------------------------------|--|--------------------|
| Plumbing - 9am<br>Mechanical – 10am<br>Construction – 3pm  | <mark>January 31, 2018</mark> | January 17, 2018                             | January 24, 2018   |
| Plumbing – 9am<br>Mechanical – 10 am<br>Construction – 3pm | March 28, 2018                | March 14, 2018                               | March 21, 2018     |
| Plumbing – 9am<br>Mechanical – 10am<br>Construction – 3pm  | <b>May 30, 2018</b>           | May 16, 2018                                 | May 23, 2018       |
| Plumbing – 9am<br>Mechanical – 10am<br>Construction – 3pm  | July 25, 2018                 | July 11, 2018                                | July 18, 2018      |
| Plumbing – 9am<br>Mechanical – 10am<br>Construction – 3pm  | September 26, 2018            | September 12, 2018                           | September 19, 2018 |
| Plumbing – 9am<br>Mechanical – 10am<br>Construction – 3pm  | November 14, 2018             | October 31, 2018                             | November 7, 2018   |

## **ELECTRICAL BOARD DATES FOR 2018**

| Board            | Board Meeting date           | Applicant's deadline before<br>Board meeting | Agenda's<br>Due    |
|------------------|------------------------------|--|--------------------|
| Electrical – 3pm | <mark>January 4, 2018</mark> | December 14, 2017                            | December 21, 2017  |
| Electrical – 3pm | February 1, 2018             | January 18, 2018                             | January 25, 2018   |
| Electrical – 3pm | <b>March 1, 2018</b>         | February 15, 2018                            | February 22, 2018  |
| Electrical – 3pm | <mark>April 5, 2018</mark>   | March 22, 2018                               | March 29, 2018     |
| Electrical – 3pm | May 3, 2018                  | April 19, 2018                               | April 26, 2018     |
| Electrical – 3pm | <mark>June 7, 2018</mark>    | May 24, 2018                                 | May 31, 2018       |
| Electrical – 3pm | July 5, 2018                 | June 21, 2018                                | June 28, 2018      |
| Electrical – 3pm | August 2, 2018               | July 19, 2018                                | July 26, 2018      |
| Electrical – 3pm | September 6, 2018            | August 23, 2018                              | August 30, 2018    |
| Electrical – 3pm | October 4, 2018              | September 20, 2018                           | September 27, 2018 |
| Electrical – 3pm | November 1, 2018             | October 18, 2018                             | October 25, 2018   |
| Electrical – 3pm | December 6, 2018             | November 15, 2018                            | November 29, 2018  |



# Department of Growth Management

# Acknowledgement of Exam/Licensure Deadlines

Per Okaloosa County Construction Ordinance 07-32, Section 3-3 and Okaloosa County Electrical Ordinance 07-48, Section 3-3. Eligibility, Licensure by Examination:

From the date of Board approval, an applicant shall have one (1) calendar year to have taken and scored a grade of at least seventy-five percent (75%) or above on the Standard Business and Law Exam and on an examination in the particular field for which the application is being made; to be prepared, proctored and graded by the approved testing agency. When the passing score is achieved the applicant shall proceed with application for State licensure. Upon receipt of a State license the applicant shall provide to the Department of Growth Management, the State License, business tax receipt, proof of general liability insurance, worker's compensation exemption/insurance and a hold harmless agreement to obtain a Certificate of Competency. The Department shall issue the Certificate of Competency when the above mentioned documentation is provided and all fees are paid in full.

# If an applicant fails to take the exam within the one (1) calendar year after Board approval, then the applicant will be required to reapply to the appropriate Board for reapproval.

Per Okaloosa County Construction Ordinance 07-32, Section 3-12 and Okaloosa County Electrical Ordinance 07-48, Section 3-11. Undeclared Exam Applicants:

Applicants must declare "active" status in Okaloosa County within twelve (12) months from date of notification of passing the examination. If active status is not declared within one (1) year from the date of the original notice, the applicant must appear before the Board for approval to retake the examination.

By signing this affidavit, I understand that I will have one (1) calendar year from the date of Board approval to take and pass the appropriate exams. I further acknowledge that if I fail to complete the requirements, I will be required to reapply as a new applicant in order to obtain re-approval.

I understand once I have passed the required exams, I have twelve (12) months from the exam notification date from the Growth Management Department to declare "active" status in Okaloosa County.

| Applicant's Signature  | Date Signed                         |
|--|-------------------------------------|
| NOTARY INFORMATION:  |                                     |
| State of   | County of                           |
| The above applicant, whose name is<br>personally appeared before me and is known<br>identification | by me OR has produced the following |
| on this day of, 20   |                                     |
| Notary's Signature   | Commission Expires                  |

SEAL:

#### OKALOOSA COUNTY DEPARTMENT OF GROWTH MANAGEMENT APPLICATION FOR COMPETENCY BOARD APPROVAL

| APPLICANT'S NAME:  |                      |                                 | DOB://                     |
|--|----------------------|---------------------------------|----------------------------|
| MAILING ADDRESS:   |                      |                                 |                            |
| CITY/STATE/ZIP:  |                      |                                 |                            |
| WORK PHONE: ()   | H                    | 10ME PHONE: ()                  |                            |
| MOBILE PHONE: ()   |                      | FAX: ()                         |                            |
| EMAIL ADDRESS:   |                      |                                 |                            |
| TYPE OF TRADE:   |                      |                                 |                            |
| Credit Report for Applicant  |                      |                                 |                            |
| Work History Affidavit   |                      |                                 |                            |
| Experience Affidavit for Applicant   |                      |                                 |                            |
| <b>\$25</b> fee  |                      |                                 |                            |
| Receipt No:  | _ Total Paid:        | Staff Initials                  |                            |
| Have you ever been convicted of a<br>YES or NO   | felony?              |                                 |                            |
| Have you ever been party to an entry YES or NO   | tity that has been   | in any form of the construction | on business?               |
| If "yes", please state the name(s)   | of all entities with | which you are or have been a    | associated:                |
| Have you ever had a court judgmer<br>YES or NO   | nt rendered agains   | st you that remains unsatisfied | f5                         |
| Have you ever filed for bankruptcy<br>YES or NO  | protection in any    | v state?                        |                            |
| Have you ever lost any license due<br>requirements of the license?<br>YES or NO            | to failure of the li | censee to pay any debt, or fai  | ilure to abide by the      |
| If you answer "yes" to any of the a  | bove three (3) que   | estions, please attach an expla | anation.                   |
| If applying for Class A, Class B or<br>you to handle refrigerants?                         | Master Mechanic      | al license, do you currently he | old an EPA card allowing   |
| If you have done business in any for<br>the state or states in which you were              |                      | on or building in any other sta | ate, please disclose       |
| Drivers License<br>Affidavit of Applicant: I hereby certify<br>of my knowledge and belief. | that the inform      | ation contained herein is t     | rue and correct to the bes |
| Applicant's Signature  |                      |                                 | Date Signed                |
| NOTARY STATE OF  |                      | . COUNTY OF                     |                            |
| Sworn to and subscribed before me this _   | day of               | , 20 By                         |                            |
| Personally Known OR Produced 1   | Identification       | Type of Identification Pr       | oduced                     |
| Notory Signature   |                      |                                 |                            |
| Notary Signature   |                      |                                 |                            |
| SEAL:  |                      |                                 |                            |
|  |                      |                                 |                            |
|  | OFFICE U             | SEONLY                          |                            |
| MEETING DATE:  |                      |                                 |                            |
| MOTION MADE BY:  |                      |                                 |                            |
| VOTE:  |                      |                                 |                            |
|  |                      |                                 |                            |

## **OKALOOSA COUNTY** BUILDING CONTRACTOR'S EXPERIENCE AFFIDAVIT

| APPLICANT NAME  | :   |   |  |                                | DOB//                                       |
|---|---|---|--|--------------------------------|---|
| ADDRESS:  |   |   | CITY   |                                | _STZIP                                      |
| PHONE: HOME - (_  | )   |   | WORK - ()  |                                |   |
|   |   | EXPERIENCE IN                                   | FORMATION  |                                |   |
| ſ.  |   | . am qualify                                    | ing for the Building Cor   | ntractor's exami               | nation sponsored by                         |
| Okaloosa County, per  | Ordinance No. 07-32.  | , 1   |  |                                |   |
| One year of structur  | ally related experience in  | n four (4) or more of                           | the following areas, ple   | ase circle all th              | at apply:                                   |
| Site Work<br>Masonry walls<br>Formwork<br>Precast Concrete Stru           | Foundations/Slabs in ex   | cess of twenty thousan                          | Piles and pile caps<br>Reinforcement bar<br>d (20,000) square feet<br>ctural Reinforced Concre   | Steel<br>Eleva                 | nn erection<br>erection<br>ted Slabs        |
| Four (4) years of exp<br>Mark One:  | perience is required befor  | re the examination ca                           | n be taken, your exper   | <u>ience is broken</u>         | down as follows:                            |
|   | rs of construction related e<br>multiple dwelling residen                                       |   | one (1) year of structura  | ally related expe              | rience in commercial,                       |
|   | s degree in a construction<br>related experience in com   |   |  |                                |   |
|   | s degree in a non-construction commercial construction  |   |  |                                |   |
|   | es degree in a construction<br>a commercial industrial, or<br>elated.                           |   |  |                                |   |
| 5. Possessing a   | n active Residential Contra   | actor's license for at le                       | ast the previous three (3  | ) years.                       |   |
| experience, per Okal<br>* APPLICABLE REL<br>ARCHITECTURE.                 | xperience requirements,<br>loosa County Ordinance<br>ATED DEGREES ARE AS<br>ALL OTHER DEGREES ( | 07-32.<br>FOLLOWS: CIVIL E<br>QUALIFY IN THE NO | NGINEERING, BUILDI<br>N-RELATED CATEGOR  | NG CONSTRUC                    | TION, AND                                   |
|   | CRIPTS/DIPLOMA MUST<br>FATION OF INFORMATION  |   |  | L OF THIS APPL                 | ICATION Lunderstand                         |
| DIRECT KNOWLEDGE<br>providing false or mislead                            | does NOT mean I am relying<br>ling information and/or comm<br>chapter 831, Florida Statutes.    | on a statement from the ap                      | plicant that he/she has met t  | he requirements. F             | Furthermore, knowingly                      |
|   |   |   | INFORMATION<br>PERSON VERIFYING EXPI   |                                |   |
| PLEASE CHECK ONE:<br>A CURRENT STATI<br>A CURRENT STATI<br>ANY CURRENT BU | E CERTIFIED GENERAL OR E<br>E REGISTERED GENERAL OF<br>IILDING OFFICIAL.                        | BUILDING CONTRACTOR<br>R BUILDING CONTRACTO     | CR   | ANY CURRENT R<br>ANY CURRENT R | REGISTERED ENGINEER<br>REGISTERED ARCHITECT |
| PRINT NAME OF PERSO   | N VERIFYING EXPERIENCE  |   | ADDRESS  |                                |   |
| STATE LICENSE NUMB  | ER  |   | PHONE NUMBER   |                                |   |
| I CERTIFY THAT T  | HE ABOVE INFORMAT   | ION IS TRUE AND C                               | ORRECT THIS  | DAY OF                         | , 20  |
|   |   | <u>I furth</u>                                  | ner acknowledge that I have a second se | <u>ave not knowing</u>         | <u>gly provided false or</u>                |
| SIGNATURE OF PERSON   | N VERIFYING EXPERIENCE  |   | ading information.   |                                |   |
| STATE OF:   |   | COUNTY OF                                       | :  |                                |   |
| The above license hol   | der, whose name is  |   | , personally   | appeared befor                 | e me and is known by m                      |
| or has produced ident   | ification (type of I.D.)  |   | on this  | day of                         | 20  |
| Notary'   | s Signature   | Mv (  | Commission Expires   |                                |   |
| 1 10 tur y  | ~ ~ .0  | 171 Y V   |  |                                |   |

# **EMPLOYMENT HISTORY**

| Please list in chronological order, starting with most current employment. ALL RELAVANT EXPERIENCE MUST BE SHOWN |
|--|
| MUST BE LEGIBLE  |

| NAME OF APPLICANT:   |                                   |  |  |
|--|-----------------------------------|--|--|
| Name of Company:   |                                   |  |  |
| Address:   |                                   |  | Phone: ()  |
| Position held on job:  |                                   |  | ·  |
| Length of time on job: FROM:<br>Type of work/duties preformed on job:                          | /                                 | 10:                                      | /  |
|  |                                   |  |  |
| Name of Company:Address:   |                                   |  | Phone () -   |
| Position held on job:  |                                   |  |  |
| Position held on job:<br>Length of time on job: FROM:<br>Fype of work/duties preformed on job: | /                                 | TO:                                      | /  |
|  |                                   |  |  |
| Name of Company:<br>Address:   |                                   |  | Phone: ( ) -   |
| Position held on job:  |                                   |  | //   |
| Position held on job:<br>Length of time on job: FROM:<br>Type of work/duties preformed on job: | /                                 |  | /  |
|  |                                   |  |  |
| Name of Company:<br>Address:   |                                   |  | Phone: ()  |
| Position held on job:<br>Length of time on job: FROM:<br>Type of work/duties preformed on job: | /                                 | то:                                      | /  |
|  |                                   |  |  |
| Name of Company:<br>Address:   |                                   |  | Phone: ()  |
| Position held on job:<br>Length of time on job: FROM:<br>Fype of work/duties preformed on job: | /                                 | ТО:                                      | /  |
|  |                                   |  |  |
| I CERTIFY THAT THE ABOVE INFORM<br>20  | IATION IS TRUE AND                | CORRECT THIS                             | S DAY OF   |
| Signature of Applicant   |                                   |  |  |
| STATE OF:  |                                   |  |  |
| Before me personally appeared  | n<br>n<br>nument and acknowledged | amed above, knowr<br>to and before me tl | n and known to me to be the pers<br>hat executed said instrument for |
| Sworn and subscribed before me this  | day of                            | 20                                       |  |
| Notary Signature   | SEAL                              |  |  |

# OKALOOSA COUNTY VERIFICATION OF EXPERIENCE FORM Please provide separate sheet if more space is needed. ALL RELEVANT EXPERIENCE MUST BE SHOWN MUST BE LEGIBLE

| NAME OF APPLICANT:                               |                     |   |
|--|---------------------|---|
| Type of Project:                                 |                     |   |
| FROM:/   | ТО:                 | /   |
| Number of Floors:<br>Type of Work Performed:     |                     |   |
| Type of work renormed.                           |                     |   |
|  |                     |   |
|  |                     |   |
|  |                     |   |
|  |                     |   |
| Type of Project:                                 | то.                 | /   |
| FROM:/<br>Number of Floors:                      | 10:                 | /   |
| Type of Work Performed:                          |                     |   |
|  |                     |   |
|  |                     |   |
|  | ·····               |   |
|  |                     |   |
| Type of Project.                                 |                     |   |
| Type of Project:<br>FROM:/                       | ТО:                 | /   |
| Number of Floors:                                |                     |   |
| Type of Work Performed:                          |                     |   |
|  |                     |   |
|  |                     |   |
|  |                     |   |
|  |                     |   |
| Type of Project:                                 |                     |   |
| FROM:/   | TO:                 | /   |
| Number of Floors:<br>Type of Work Performed:     |                     |   |
|  |                     |   |
|  |                     |   |
|  |                     |   |
|  |                     |   |
|  |                     |   |
| Type of Project:<br>FROM:/                       | то                  | 1   |
| Number of Floors:                                | 10                  | /   |
|  |                     |   |
|  |                     |   |
|  |                     |   |
|  |                     |   |
|  |                     |   |
| Type of Project:                                 |                     |   |
| Type of Project:<br>FROM:/                       | ТО:                 | /   |
| Number of Floors:                                |                     |   |
| Type of work Performed:                          |                     |   |
|  |                     |   |
|  |                     |   |
|  |                     |   |
|  |                     |   |
| I CERTIFY THAT THE ABOVE INFO                    | ORMATION IS TH      | RUE AND CORRECT THIS DAY OF20   |
| STATE OF:  |                     | COUNTY OF:  |
|  |                     |   |
|  |                     |   |
| Before me personally appeared                    | out and a should be |   |
| and who executed the forgoing instrum expressed. | ent and acknowled   | ged to and before me that executed said instrument for the purposes therein |
| Sworn and subscribed before me this              | day of              | 20  |
|  | uay 01              | <b>-</b> ~`   |
| Notary Signature                                 | SEAL                |   |
|  |                     |   |



# Okaloosa County Department of Growth Management

Licensing Department

## Residential Building or General Contractor Board Application Directions

This is to assist you in completing your application to appear before the Construction Competency Board in obtaining approval for testing and Okaloosa County Competency Card:

### Application for Competency Board Approval Affidavit #51-0707:

- a. Complete Name, date of birth, address, phone/fax numbers, email address and type of trade applying for (i.e. Residential Contractor, Roofing Contractor, Electrical Contractor, etc.);
- b. Circle `Yes' or `No' for each of the questions listed on the form.
  - 1. If answer '**yes**' to <u>felony</u>, you will be required to provide the following:
    - a. Date of offense;
    - b. Type of offense charged with;
    - c. Time Served, if any;
    - d. Complete description of charge'
    - e. State felony was in;
    - 2. If answer '**yes**' to judgment, you will be required to provide the following:
      - f. Proof that judgment has been satisfied;
      - g. Proof payment plan is in place;
    - 3. If answer '**yes**' to bankruptcy, you will be required to provide the following: h. Provide copy of Discharge of Bankruptcy;
    - If answer 'yes' to loss of license due to debt or license requirements, you will be required to provide:
      - i. Written explanation
- c. Applicant must sign form and his/her signature must be notarized.

#### **Credit Report:**

The report must be provided from one of the agencies listed on the Credit Reporting Agency Approved List. The credit report can be submitted as follows:

- Mailed from the credit reporting agency to: Okaloosa County Dept. of Growth Mgmt. 812 E. James Lee Blvd Crestview, FL 32539
- 2. By applicant at the time packet is submitted; Envelope MUST be sealed;
- 3. Emailed from the credit reporting agency to: <u>rlucas@co.okaloosa.fl.us</u>

#### Proof of Satisfaction of Liens, Judgment or Discharge of Bankruptcy, if applicable:

Applicant will be required to submit proof that all liens or judgments have been satisfied or payment plan is in place or provide a copy of the discharge of bankruptcy

#### **Residential Building or General Contractor Experience Affidavits #41-0603:**

Page 1 – Residential Contractor's Experience Affidavit

- 1. Complete Name, Address, Contact Numbers and Date of Birth;
- 2. Circle four (4) or more of the structurally related fields listed on form;
- 3. Mark one (1) of the areas listed based on related experience;
- If applicant using a Bachelor's Degree, it <u>must be issued by an accredited college/university</u>

A licensed contractor\* who holds a current and active state license in the fields listed must sign the affidavit and their signature must be notarized.

\*If the contractor signing the affidavit is licensed outside of the State of Florida, please make him/her aware that Licensing Staff will be contacting them as required by the Competency Boards

#### Page 2 – Employment History

- 1. Complete Company Name employed by;
- 2. Complete Address and phone number;
- 3. Complete position held with company;
- 4. Complete length of time employed showing starting (month/year) and ending or current (month/year)
- 5. Type of work/duties performed please be as descriptive as possible. May use additional paper if needed.
- 6. Signature of Applicant must be notarized;

Page 3 – Verification of Experience

This form is needed to show the one (1) year or more of structural experience as pertaining to residential construction.

- 1. Complete Name;
- 2. Type of Project;
- 3. Begin Date (month/year) to End Date (month/year);
- 4. Number of stories on project;
- 5. Type of work performed please be as descriptive as possible showing all aspects of experience;
- 6. Signature of Applicant must be notarized;

#### Acknowledgement of Exam/Licensure Deadline Affidavit #57-0913:

Applicant must sign affidavit and his/her signature must be notarized

NOTE: All forms submitted must be an original.



# Okaloosa County Department of Growth Management

Licensing Department

## Residential Building or General Contractor Board Application Directions

This is to assist you in completing your application to appear before the Construction Competency Board in obtaining approval for testing and Okaloosa County Competency Card:

### Application for Competency Board Approval Affidavit #51-0707:

- a. Complete Name, date of birth, address, phone/fax numbers, email address and type of trade applying for (i.e. Residential Contractor, Roofing Contractor, Electrical Contractor, etc.);
- b. Circle `Yes' or `No' for each of the questions listed on the form.
  - 1. If answer '**yes**' to <u>felony</u>, you will be required to provide the following:
    - a. Date of offense;
    - b. Type of offense charged with;
    - c. Time Served, if any;
    - d. Complete description of charge'
    - e. State felony was in;
    - 2. If answer '**yes**' to judgment, you will be required to provide the following:
      - f. Proof that judgment has been satisfied;
      - g. Proof payment plan is in place;
    - 3. If answer '**yes**' to bankruptcy, you will be required to provide the following: h. Provide copy of Discharge of Bankruptcy;
    - If answer 'yes' to loss of license due to debt or license requirements, you will be required to provide:
      - i. Written explanation
- c. Applicant must sign form and his/her signature must be notarized.

#### **Credit Report:**

The report must be provided from one of the agencies listed on the Credit Reporting Agency Approved List. The credit report can be submitted as follows:

- Mailed from the credit reporting agency to: Okaloosa County Dept. of Growth Mgmt. 812 E. James Lee Blvd Crestview, FL 32539
- 2. By applicant at the time packet is submitted; Envelope MUST be sealed;
- 3. Emailed from the credit reporting agency to: <u>rlucas@myokaloosa.com</u>

#### Proof of Satisfaction of Liens, Judgment or Discharge of Bankruptcy, if applicable:

Applicant will be required to submit proof that all liens or judgments have been satisfied or payment plan is in place or provide a copy of the discharge of bankruptcy

#### **Residential Building or General Contractor Experience Affidavits #41-0603:**

Page 1 – Residential Contractor's Experience Affidavit

- 1. Complete Name, Address, Contact Numbers and Date of Birth;
- 2. Circle four (4) or more of the structurally related fields listed on form;
- 3. Mark one (1) of the areas listed based on related experience;
- If applicant using a Bachelor's Degree, it <u>must be issued by an accredited college/university</u>

A licensed contractor\* who holds a current and active state license in the fields listed must sign the affidavit and their signature must be notarized.

\*If the contractor signing the affidavit is licensed outside of the State of Florida, please make him/her aware that Licensing Staff will be contacting them as required by the Competency Boards

#### Page 2 – Employment History

- 1. Complete Company Name employed by;
- 2. Complete Address and phone number;
- 3. Complete position held with company;
- 4. Complete length of time employed showing starting (month/year) and ending or current (month/year)
- 5. Type of work/duties performed please be as descriptive as possible. May use additional paper if needed.
- 6. Signature of Applicant must be notarized;

Page 3 – Verification of Experience

This form is needed to show the one (1) year or more of structural experience as pertaining to residential construction.

- 1. Complete Name;
- 2. Type of Project;
- 3. Begin Date (month/year) to End Date (month/year);
- 4. Number of stories on project;
- 5. Type of work performed please be as descriptive as possible showing all aspects of experience;
- 6. Signature of Applicant must be notarized;

#### Acknowledgement of Exam/Licensure Deadline Affidavit #57-0913:

Applicant must sign affidavit and his/her signature must be notarized

NOTE: All forms submitted must be an original.



Prov 13614 Progress Blvd Alachua FL 32615-9496 Telephone: (866) 720-7768

Website: www.provexam.com

You have received this email in response to your request for Exam Information for Okaloosa County. The information below describes the examination you expressed interest in taking. To receive more general information about the testing program, you may click on the "Candidate Information Bulletin" link below to download a candidate bulletin that provides more detailed information about the testing rules and processes.

Candidate Information Bulletin.

#### Building Contractor

| Number of Questions       | 70       |
|---------------------------|----------|
| Time allowed (hours)      | 3        |
| Subject Area              | # Quest. |
| Plan Reading & Estimating | 10       |
| Sitework                  | 5        |
| Concrete                  | 11       |
| Masonry                   | 8        |
| Structural Steel          | 4        |
| Carpentry & Metal Framing | 10       |
| Roofing                   | 4        |
| Associated Trades         | 3        |
| Interior Finishes         | 4        |
| Exterior Finishes         | 4        |
| Safety                    | 7        |

#### References

2012 Study Guide for Structural Steel , 2012. ISBN: 978-1-269-08432-1. Pearson, 501 Boylston Street, Suite 900, Boston, MA 02116. Available at www.provbookstore.com

Building Code Requirements for Masonry Structures, 2011. American Concrete Institute, 38800 International Way, Country Club Dr, P.O. Box 9094, Farmington Hills, MI 48333. Available at http://www.concrete.org/.

Concrete Finishing Level Two, 1999. ISBN: 978-0-13-014860-5. Prentice Hall, P.O. Box 11071, Des Moines, IA 50336. Available at http://nccer.pearsonconstructionbooks.com.

Florida Building Code 5th edition - Building, 2014. ISBN: Item #:5601L14. International Code Council, 4051 West Flossmoor Road, Country Club Hills, IL 60478. Available at www.iccsafe.org.

Masonry Level Three , 2005. ISBN: 978-0-13-109169-6. Prentice Hall, P.O. Box 11071, Des Moines, IA 50336. Available at http://nccer.pearsonconstructionbooks.com.

Study Guide for Commercial Carpentry, 2nd Edition, 2014. ISBN: 978-1-269-78661-4. Pearson, 501 Boylston Street, Suite 900, Boston, MA 02116. Available at www.provbookstore.com



Prov 13614 Progress Blvd Alachua FL 32615-9496 Telephone: (866) 720-7768

Website: www.provexam.com

You have received this email in response to your request for Exam Information for Okaloosa County. The information below describes the examination you expressed interest in taking. To receive more general information about the testing program, you may click on the "Candidate Information Bulletin" link below to download a candidate bulletin that provides more detailed information about the testing rules and processes.

#### Candidate Information Bulletin.

#### **Business and Law**

| Number of Questions          | 50       |
|------------------------------|----------|
| Time allowed (hours)         | 2        |
| Subject Area                 | # Quest. |
| <b>Business Organization</b> | 2        |
| Licensing                    | 3        |
| Lien laws                    | 2        |
| Tax Laws                     | 5        |
| Safety OSHA                  | 3        |
| Labor Laws                   | 8        |
| Contract Management          | 9        |
| Project Management           | 6        |
| Estimating & Bidding         | 4        |
| Financial Management         | 5        |
| Risk Management              | 3        |

#### References

FLORIDA - NASCLA Contractors Guide to Business, Law and Project Management, 1st. ISBN: 1-934234-92-3. NASCLA Publications, Inc, 23309 N. 17th Drive, Building 1, Unit 110, Phoenix, AZ 85027. Available at www.nascla.org or www.provbookstore.com. Please note, the Florida Business and Law Study Guide for Contractors (published by Prov) is permitted as a substitute.

## FLORIDA CONSTRUCTION INDUSTRY LICENSING BOARD Credit Reporting Agencies – For Reference Only

(This listing is **not all inclusive**. You may submit credit reports from agencies not included on this list, so long as they meet the criteria listed in 61G4-12.011(12), Florida Administrative Code.)

DBPR cannot recommend or endorse a particular credit reporting agency. The list provided below includes the agencies that we are aware of that currently meet the Board's reporting requirements. It is provided solely as a courtesy to assist you in locating resources. The Department specifically disclaims any responsibility for the quality or cost of services provided by the agencies listed below.

Note to Applicants: Effective April 10, 2012, personal credit reports must contain a FICO derived credit score to meet application requirements. It is the applicant's responsibility to ensure the credit reporting agency includes the FICO derived score on the credit report submitted to DBPR.

1<sup>st</sup> United CRS dba www.unitedcrs.com PH 239.206.1049 PH 850.539.8000 PH 215.501.7224

#### A & A Credit Corp.

AAA Advantage Credit Services PH 877.296.4600

API Processing - Licensing, Inc. www.apiprocessing.com PH 954.567.0013 PH 800.947.6939

Associated Credit Reporting, Inc. www.associatedcreditreporting.com PH 754.216.0025 PH 800.676.7640 (ext. 201)

AVS Screening PH 850.862.2134

#### Background Research, Inc.

**CBJ Associates Inc.** PH 904.723.5533

Check Mate PH 941.366.1819

**Contractor Licensing Inc.** 

Contractors Reporting Service PH 800.487.2084

Credit Bureau of Escambia County

**Credit Bureau Services, Inc.** dba www.elicensereport.com PH 954.561.1400

Credit, Business, & License Solutions dba www.dbprcreditreport.com PH 800.600.2155

Credit Check, Inc. www.creditcheckinc.com PH 561.616.5556 TOLL FREE 877.616.5556 Credit Plus, Inc. PH 818.331.1048

Credit Profile & Security Corp.

Credit Search PH 561.791.9458

Dragnet Credit & Tenant Screening PH 386.676.7733

Licenses, Etc. www.licensesetc.com PH 239.777.1028 PH 954.573.2700

License Exam Services LLC PH 941.706.2336

Lumbermen's dba www.FloridaCreditReports.com PH 954.771.2100 PH 813.358.7633 PH 407.956.2237 TOLL FREE 800.496.4826

#### MacData Inc.

#### **Merchant's Association**

Merit Credit www.meritcreditservices.com PH 239.277.3202 TOLL FREE 800.371.3348

NACM Tampa Inc. Contact: Cassie Thomas cthomas@nacmtampa.com PH 800.352.5882, Ext 292

NACM South Atlantic www.nacmsouthatlantic.com PH 407.299.7491, Ext 115 TOLL FREE 800.393.6226

National Research Group PH 941.488.8500

Network Credit Services PH 813.685.5678 Premium Credit Bureau PH 305.468.1560

Supreme Credit Information Services www.supremebureau@comcast.net PH 786.266.1407 FAX 305.665.3315

USA Credit Bureau PH 888.474.2270