Department of Growth Management

BUILDING CONTRACTOR

"**Building Contractor**" 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 **WILL NOT** be accepted from the applicant.

If you are interested in obtaining your State Certified license, please call the Department of Business & Professional Regulation at **(850) 478-1395** or visit: www.myfloridalicense.com 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 2016

Board	Board Meeting date	Applicant's deadline before Board meeting	Agenda's Due
Plumbing - 9am Mechanical – 10am Construction – 3pm	**January 27, 2016**	**January 13, 2016**	January 20, 2016
Plumbing – 9am Mechanical – 10 am Construction – 3pm	**March 30, 2016**	**March 16, 2016**	March 23, 2016
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ELECTRICAL BOARD DATES FOR 2016

Board	Board Meeting date	Applicant's deadline before Board meeting	Agenda's Due
Electrical – 3pm	**January 7, 2016**	**December 17, 2015**	December 23, 2015
Electrical – 3pm	**February 4, 2016**	**January 21, 2016**	January 28, 2016
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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 re-approval**.*

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 _____

personally appeared before me and is known by me OR has produced the following

identification _____

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: (____) _____ HOME PHONE: (____) _____

MOBILE PHONE: (____) _____ FAX: (____) _____

EMAIL ADDRESS: _____

TYPE OF TRADE: _____

_____ Credit Report for Applicant

_____ Work History Affidavit

_____ Experience Affidavit for Applicant

_____ **$25** fee

Receipt No: _____ Total Paid: _____ Staff Initials _____

_____ Have you ever been convicted of a felony?
YES or NO

_____ Have you ever been party to an entity that has been in any form of the construction business?
YES or NO

If "yes", please state the name(s) of all entities with which you are or have been associated:

_____

_____ Have you ever had a court judgment rendered against you that remains unsatisfied?
YES or NO

_____ Have you ever filed for bankruptcy protection in any state?
YES or NO

_____ Have you ever lost any license due to failure of the licensee to pay any debt, or failure to abide by the requirements of the license?
YES or NO

If you answer "yes" to any of the above three (3) questions, please attach an explanation.

_____ If you have done business in any form of construction or building in any other state, please disclose the state or states in which you were involved:

_____

_____ Drivers License

Affidavit of Applicant: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief.

_____ _____
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 Identification _____Type of Identification Produced _____

Notary Signature _____

SEAL:

OFFICE USE ONLY

MEETING DATE: _____

MOTION MADE BY: _____ SECONDED BY: _____

VOTE: _____

OKALOOSA COUNTY
BUILDING CONTRACTOR'S EXPERIENCE AFFIDAVIT

APPLICANT NAME: _____DOB ___/___/_____

ADDRESS: _____CITY_____ST_____ZIP_____

PHONE: HOME - (_____) _____ WORK - (_____) _____

----------EXPERIENCE INFORMATION----------

I, _____, am qualifying for the Building Contractor's examination sponsored by Okaloosa County, per Ordinance No. 07-32.

One year of structurally related experience in four (4) or more of the following areas, please circle all that apply:

Site Work	Excavation	Footings	Piles and pile caps	Column erection
Masonry walls	Trusses	Wood framing	Reinforcement bar	Steel erection
Formwork	Foundations/Slabs in excess of twenty thousand (20,000) square feet			Elevated Slabs
Precast Concrete Structures		Formwork for Structural Reinforced Concrete		

Four (4) years of experience is required before the examination can be taken, your experience is broken down as follows: Mark One:

1._____ Four (4) years of construction related experience with at least one (1) year of structurally related experience in commercial, industrial, or multiple dwelling residential construction.

2._____*A Bachelor's degree in a construction related field (equivalent to three (3) years experience), and at least one (1) year of structurally-related experience in commercial, industrial, or multiple dwelling residential construction.

3._____*A Bachelor's degree in a non-construction related field (equivalent to two (2) years experience), and two (2) years of experience in commercial construction of up to three (3) stories, with at least one (1) of those years being structurally-related.

4._____*An Associates degree in a construction related field (equivalent to one (1) year of experience), and three (3) years of experience in commercial industrial, or multiple dwelling residential construction, with at least one (1) of those years being structurally related.

5._____ Possessing an active Residential Contractor's license for at least the previous three (3) years.

For the purpose of experience requirements, a minimum of 2,000 man-hours shall be used in determining one (1) year of work experience, per Okaloosa County Ordinance 07-32.

*** APPLICABLE RELATED DEGREES ARE AS FOLLOWS: CIVIL ENGINEERING, BUILDING CONSTRUCTION, AND ARCHITECTURE. ALL OTHER DEGREES QUALIFY IN THE NON-RELATED CATEGORY. A COPY OF OFFICIAL COLLEGE TRANSCRIPTS/DIPLOMA MUST ACCOMPANY THIS APPLICATION.**

NOTE: MISREPRESENTATION OF INFORMATION ON THIS APPLICATION MAY RESULT IN DENIAL OF THIS APPLICATION. I understand DIRECT KNOWLEDGE does NOT mean I am relying on a statement from the applicant that he/she has met the requirements. Furthermore, knowingly providing false or misleading information and/or committing forgery may be subject to criminal penalties, including, but not limited to those set forth in chapter 817, Florida Statutes and chapter 831, Florida Statutes.

----------VERIFICATION INFORMATION----------

THIS SECTION TO BE COMPLETED BY PERSON VERIFYING EXPERIENCE

PLEASE CHECK ONE:

____ A CURRENT STATE CERTIFIED GENERAL OR BUILDING CONTRACTOR
____ A CURRENT STATE REGISTERED GENERAL OR BUILDING CONTRACTOR
____ ANY CURRENT BUILDING OFFICIAL.
____ ANY CURRENT REGISTERED ENGINEER
____ ANY CURRENT REGISTERED ARCHITECT

_____ _____
PRINT NAME OF PERSON VERIFYING EXPERIENCE ADDRESS

_____ _____
STATE LICENSE NUMBER PHONE NUMBER

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT THIS _____DAY OF _____, 20____.

_____ I further acknowledge that I have not knowingly provided false or misleading information.
SIGNATURE OF PERSON VERIFYING EXPERIENCE

STATE OF: _____ COUNTY OF: _____

The above license holder, whose name is _____, personally appeared before me and is known by me

or has produced identification (type of I.D.) _____on this _____ day of _____ 20 ___.

_____ _____
Notary's Signature My Commission Expires

License Form 41-0603
(October 2016)

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:** _____/_____ **TO:** _____/_____
Type of work/duties preformed on job: _____
_____
_____
_____
_____
_____

Name of Company: _____
Address: _____ **Phone:** (___) _____-_____
Position held on job: _____
Length of time on job: **FROM:** _____/_____ **TO:** _____/_____
Type of work/duties preformed on job: _____
_____
_____
_____
_____
_____

Name of Company: _____
Address: _____ **Phone:** (___) _____-_____
Position held on job: _____
Length of time on job: **FROM:** _____/_____ **TO:** _____/_____
Type of work/duties preformed on job: _____
_____
_____
_____
_____
_____

Name of Company: _____
Address: _____ **Phone:** (___) _____-_____
Position held on job: _____
Length of time on job: **FROM:** _____/_____ **TO:** _____/_____
Type of work/duties preformed on job: _____
_____
_____
_____
_____
_____

Name of Company: _____
Address: _____ **Phone:** (___) _____-_____
Position held on job: _____
Length of time on job: **FROM:** _____/_____ **TO:** _____/_____
Type of work/duties preformed on job: _____
_____
_____
_____
_____
_____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT THIS _____ DAY OF _____20____.

Signature of Applicant _____

STATE OF: _____ **COUNTY OF:** _____

Before me personally appeared _____**named above, known and known to me to be the person described in and who executed the forgoing instrument and acknowledged to and before me that executed said instrument for the purposes therein expressed.**

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: _____/_____ **TO:** _____/_____
Number of Floors: _____
Type of Work Performed: _____
_____
_____
_____
_____
_____

Type of Project: _____
FROM: _____/_____ **TO:** _____/_____
Number of Floors: _____
Type of Work Performed: _____
_____
_____
_____
_____
_____

Type of Project: _____
FROM: _____/_____ **TO:** _____/_____
Number of Floors: _____
Type of Work Performed: _____
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Type of Project: _____
FROM: _____/_____ **TO:** _____/_____
Number of Floors: _____
Type of Work Performed: _____
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Type of Project: _____
FROM: _____/_____ **TO:** _____/_____
Number of Floors: _____
Type of Work Performed: _____
_____
_____
_____
_____
_____

Type of Project: _____
FROM: _____/_____ **TO:** _____/_____
Number of Floors: _____
Type of Work Performed: _____
_____
_____
_____
_____
_____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT THIS _____ DAY OF _____20____.

STATE OF: _____ **COUNTY OF:** _____

Signature of Applicant _____

Before me personally appeared _____**named above, known and known to me to be the person described in and who executed the forgoing instrument and acknowledged to and before me that executed said instrument for the purposes therein expressed.**

Sworn and subscribed before me this _____ **day of** _____ **20**_____**.**

_____
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 felony, 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;
    4. 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:

1. 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: rlucas@co.okaloosa.fl.us

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 must be issued by an accredited college/university

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

Department of Growth Management

BURGLAR ALARM CONTRACTOR

"**Burglar Alarm (Alarm Systems II)**" means an alarm system contractor whose business includes all types of alarm systems, other than fire, for all purposes and who is registered with the Department and may contract only in Okaloosa County.

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.

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1250 N. Eglin Parkway, Suite 301, Shalimar, FL 32579
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Department of Growth Management

Acknowledgement of Exam/Licensure Deadlines

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***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 re-approval**.*

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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 _____

personally appeared before me and is known by me OR has produced the following

identification _____

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: (____) _____ HOME PHONE: (____) _____

MOBILE PHONE: (____) _____ FAX: (____) _____

EMAIL ADDRESS: _____

TYPE OF TRADE: _____

_____ Credit Report for Applicant

_____ Work History Affidavit

_____ Experience Affidavit for Applicant

_____ **$25** fee

Receipt No: _____ Total Paid: _____ Staff Initials _____

_____ Have you ever been convicted of a felony?
YES or NO

_____ Have you ever been party to an entity that has been in any form of the construction business?
YES or NO

If "yes", please state the name(s) of all entities with which you are or have been associated:

_____

_____ Have you ever had a court judgment rendered against you that remains unsatisfied?
YES or NO

_____ Have you ever filed for bankruptcy protection in any state?
YES or NO

_____ Have you ever lost any license due to failure of the licensee to pay any debt, or failure to abide by the requirements of the license?
YES or NO

If you answer "yes" to any of the above three (3) questions, please attach an explanation.

_____ If you have done business in any form of construction or building in any other state, please disclose the state or states in which you were involved:

_____

_____ Drivers License

Affidavit of Applicant: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief.

_____ _____
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 Identification _____Type of Identification Produced _____

Notary Signature _____

SEAL:

OFFICE USE ONLY

MEETING DATE: _____

MOTION MADE BY: _____ SECONDED BY: _____

VOTE: _____

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.

Burglar Alarm Electrical 2011

Number of Questions	50
Time allowed (hours)	2
Subject Area	**# Quest.**
General Electrical Knowledge	5
Installation	10
Power Supplies	5
Intrusion Detection	17
Notification Appliances & Signaling Circuits	9
Supervisory Stations	4

References

American Electricians' Handbook , 15th Edition. ISBN: 978-0-07-149462-5. McGraw Hill Glencoe Order Services, P.O. Box 545, Blacklick, OH 43004.

Low Voltage Wiring: Security/Fire-Alarm Systems , 2001. ISBN: 978-0071376747. McGraw Hill Glencoe Order Services, P.O. Box 545, Blacklick, OH 43004. Available at www.amazon.com.

NFPA 70 - National Electrical Code , 2011. National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 021697471. Available at www.nfpa.org.

Understanding and Servicing Alarm Systems , 3rd Ed., 1999. ISBN: 978-0750672061. Butterworth-Heinemann, 225 Wildwood Ave., Woburn, MA 01801. Available at www.amazon.com.

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Candidate Information Bulletin.

Business and Law

Number of Questions	50
Time allowed (hours)	2
Subject Area	**# Quest.**
Business Organization	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.)

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

BRANDON
Network Credit Services
PH 813.685.5678

CORAL GABLES
Supreme Credit Information Services
PH 305.665.3315

CRYSTAL RIVER
USA Credit Bureau
PH 888.474.2270

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

Lumbermen's dba
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PH 954.771.2100
TOLL FREE 800.496.4826

Licenses, Etc.
www.licensesetc.com
PH 954.573.2700

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Merit Credit
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PH 239.277.3202
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JACKSONVILLE
CBJ Associates Inc
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Lexis/Nexis
PH 678.694.4809

LANTANA
Credit Search
PH 561.791.9458

MIAMI
A & A Credit Corp.

Merchant's Association

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www.unitedcrs.com
PH 239.206.1049

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ORLANDO
National Association of Credit Management d/b/a NACM South Atlantic
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PH 407.299.7491 / 800.393.6226

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ORMOND BEACH
Dragnet Credit & Tenant Screening
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MacData Inc.

OUT OF STATE
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1st United CRS dba
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Credit Plus, Inc.
PH 818.331.1048

Credit Profile & Security Corp.

PENSACOLA
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SARASOTA
Check Mate
PH 941.366.1819

License Exam Services LLC
PH 941.706.2336

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

TAMPA
Contractors Reporting Service
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NACM Tampa Inc
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cthomas@nacmtampa.com
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TALLAHASSEE
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PH 850.539.8000
Background Research, Inc.

VENICE
National Research Group
PH 941.488.8500

WEST PALM BEACH
Credit Check, Inc.
PH 561.616.5556
TOLL FREE 877.616.5556
www.creditcheckinc.com

Updated: 4/28/16

Okaloosa County
Department of Growth Management
Licensing Department

Electrical Alarm Systems & Specialty Electrical Board Application Directions

This is to assist you in completing your application to appear before the Electrical 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 felony, 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;
   4. 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:

1. 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: rlucas@co.okaloosa.fl.us

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

Electrical Alarm System and Specialty Electrical Contractor Experience Affidavit #12-0503:

1. Mark one (1) of the areas listed based on related experience

If using experience from the Armed Forces then applicant is required to submit a copy of their DD214.

2. Applicant must complete their name and date of birth;
3. 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

Work History Affidavit #52-0707:

1. Complete your name, address and contact number(s);
2. Complete employer/company name;
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;

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
Work History Affidavit

Name of Applicant _____

Home Address _____

Home Phone _____ Work Phone _____ Mobile Phone _____

WORK EXPERIENCE:
Must be listed in chronological order, starting with the most current employment. You may attach additional sheets if necessary in order to give complete and detailed information.
ALL RELEVANT EXPERIENCE IN THE FIELD IN WHICH YOU ARE APPLYING FOR MUST BE SHOWN AND MUST BE LEGIBLE.

EMPLOYER _____ YOUR TITLE _____
EMPLOYER ADDRESS _____
START DATE (Month/Year) ___/____ END DATE (Month/Year) ___/____ SUPERVISOR'S NAME _____
YOUR SPECIFIC DUTIES _____
_____
_____
_____

EMPLOYER _____ YOUR TITLE _____
EMPLOYER ADDRESS _____
START DATE (Month/Year) ___/____ END DATE (Month/Year) ___/____ SUPERVISOR'S NAME _____
YOUR SPECIFIC DUTIES _____
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EMPLOYER ADDRESS _____
START DATE (Month/Year) ___/____ END DATE (Month/Year) ___/____ SUPERVISOR'S NAME _____
YOUR SPECIFIC DUTIES _____
_____
_____
_____

Applicant Signature _____ **Date** _____

STATE OF _____ **COUNTY OF** _____

The foregoing document was acknowledged before me this _____ day of _____, 20___
By _____
Who is personally known by me or produced the following identification _____

_____
Signature of Notary Public

SEAL:

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

Website: www.provexam.com

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Updated: 4/28/16