Department of Growth Management

LANDSCAPE STRUCTURES CONTRACTOR

"**Landscape Structures Contractor**" means a person who is qualified and demonstrates the experience, skill, and expertise to construct, install, repair, and extend structures for exterior site and yard use. This includes fencing, railings, gates, decking at grade (30" or below), boardwalks, utility structures (not to exceed two hundred (200) square feet), and other similar types of construction. Does not include garages or habitable structures.

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. Two (2) Year Contractor Experience Affidavit
5. Employment History Affidavit
6. Acknowledgement of Exam/Licensure Deadline Affidavit
7. Business & Law Book List
8. 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;
____ Two (2) Year Contractor Experience Affidavit;
____ Employment History 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
Plumbing – 9am Mechanical – 10am Construction – 3pm	**May 25, 2016**	**May 11, 2016**	May 18, 2016
Plumbing – 9am Mechanical – 10am Construction – 3pm	**July 27, 2016**	**July 13, 2016**	July 20, 2016
Plumbing – 9am Mechanical – 10am Construction – 3pm	**September 28, 2016**	**September 14, 2016**	September 21, 2016
Plumbing – 9am Mechanical – 10am Construction – 3pm	**November 16, 2016**	**November 2, 2016**	November 9, 2016

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
Electrical – 3pm	**March 3, 2016**	**February 18, 2016**	February 25, 2016
Electrical – 3pm	**April 7, 2016**	**March 24, 2016**	March 31, 2016
Electrical – 3pm	**May 5, 2016**	**April 21, 2016**	April 28, 2016
Electrical – 3pm	**June 2, 2016**	**May 19, 2016**	May 26, 2016
Electrical – 3pm	**July 7, 2016**	**June 23, 2016**	June 30, 2016
Electrical – 3pm	**August 4, 2016**	**July 21, 2016**	July 28, 2016
Electrical – 3pm	**September 1, 2016**	**August 18, 2016**	August 25, 2016
Electrical – 3pm	**October 6, 2016**	**September 22, 2016**	September 29, 2016
Electrical – 3pm	**November 3, 2016**	**October 20, 2016**	October 27, 2016
Electrical – 3pm	**December 1, 2016**	**November 17, 2016**	November 23, 2016

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: _____

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.**
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.)

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.

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
www.FloridaCreditReports.com
PH 954.771.2100
TOLL FREE 800.496.4826

Licenses, Etc.
www.licensesetc.com
PH 954.573.2700

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

FORT WALTON BEACH
C.B. Services Credit Bureau
PH 850.862.2134

JACKSONVILLE
CBJ Associates Inc
PH 904.723.5533

Lexis/Nexis
PH 678.694.4809

LANTANA
Credit Search
PH 561.791.9458

MIAMI
A & A Credit Corp.

Merchant's Association

Premium Credit Bureau
PH 305.468.1560

NAPLES
1st United CRS dba
www.unitedcrs.com
PH 239.206.1049

Contractor Licensing Inc

Licenses, Etc.
www.licensesetc.com
PH 239.777.1028

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

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

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

ORMOND BEACH
Dragnet Credit & Tenant Screening
PH 386.676.7733

MacData Inc.

OUT OF STATE
AAA Advantage Credit Services
PH 877.296.4600

1st United CRS dba
www.unitedcrs.com
PH 215.501.7224
Credit Plus, Inc.
PH 818.331.1048

Credit Profile & Security Corp.

PENSACOLA
Credit Bureau of Escambia County

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
PH 800.487.2084

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

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

TALLAHASSEE
1st United CRS dba
www.unitedcrs.com
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

Local Specialty 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

Two (2) Year Experience Affidavits #53-0707:

1. Complete Name, Address, Contact Numbers and Date of Birth;
2. Mark the trade in which you are applying for;

NOTE: If you are applying for an Exterior Applications license, you need to mark all the areas that apply to the work you intend to work in. If you are only applying for Stucco (Exterior Application) then only mark stucco; If you are applying for Siding Windows and Doors including garage doors and Hurricane Shutters (Exterior Applications) then mark all that apply;
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

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 _____
_____
_____
_____

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 _____
_____
_____
_____

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 _____
_____
_____
_____

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: