



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 2017

Board	Board Meeting date	Applicant's deadline before Board meeting	Agenda's Due
Plumbing - 9am Mechanical - 10am Construction - 3pm	January 25, 2017	January 11, 2017	January 18, 2017
Plumbing - 9am Mechanical - 10 am Construction - 3pm	March 29, 2017	March 15, 2017	March 22, 2017
Plumbing - 9am Mechanical - 10am Construction - 3pm	May 31, 2017	May 17, 2017	May 24, 2017
Plumbing - 9am Mechanical - 10am Construction - 3pm	July 26, 2017	July 12, 2017	July 19, 2017
Plumbing - 9am Mechanical - 10am Construction - 3pm	September 27, 2017	September 13, 2017	September 20, 2017
Plumbing - 9am Mechanical - 10am Construction - 3pm	November 15, 2017	November 1, 2017	November 8, 2017

ELECTRICAL BOARD DATES FOR 2017

Board	Board Meeting date	Applicant's deadline before Board meeting	Agenda's Due
Electrical - 3pm	January 5, 2017	December 22, 2016	December 29, 2016
Electrical - 3pm	February 2, 2017	January 19, 2017	January 26, 2017
Electrical - 3pm	March 2, 2017	February 16, 2017	February 23, 2017
Electrical - 3pm	April 6, 2017	March 23, 2017	March 30, 2017
Electrical - 3pm	May 4, 2017	April 20, 2017	April 27, 2017
Electrical - 3pm	June 1, 2017	May 18, 2017	May 25, 2017
Electrical - 3pm	July 6, 2017	June 22, 2017	June 29, 2017
Electrical - 3pm	August 3, 2017	July 20, 2017	July 27, 2017
Electrical - 3pm	September 7, 2017	August 24, 2017	August 31, 2017
Electrical - 3pm	October 5, 2017	September 21, 2017	September 28, 2017
Electrical - 3pm	November 2, 2017	October 19, 2017	October 26, 2017
Electrical - 3pm	December 7, 2017	November 16, 2017	November 30, 2017



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 applying for Class A, Class B or Master Mechanical license, do you currently hold an EPA card allowing you to handle refrigerants?

____ 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: