



# Department of Growth Management

## **RESIDENTIAL CONTRACTOR**

**“Residential Contractor”** means a contractor whose services are limited to construction, remodeling, repair, or improvement of one-family, two-family or three-family residences not exceeding two (2) habitable stories above no more than one uninhabitable story and accessory use structures in connection therewith.

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### **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. Residential Contractor Experience Affidavit
5. Employment History Affidavit
6. Verification of Experience Affidavit
7. Acknowledgement of Exam/Licensure Deadline Affidavit
8. Residential Contractor 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;
- \_\_\_\_ Residential 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](http://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 2018

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

## ELECTRICAL BOARD DATES FOR 2018

Board	Board Meeting date	Applicant's deadline before Board meeting	Agenda's Due
Electrical - 3pm	January 4, 2018	December 14, 2017	December 21, 2017
Electrical - 3pm	February 1, 2018	January 18, 2018	January 25, 2018
Electrical - 3pm	March 1, 2018	February 15, 2018	February 22, 2018
Electrical - 3pm	April 5, 2018	March 22, 2018	March 29, 2018
Electrical - 3pm	May 3, 2018	April 19, 2018	April 26, 2018
Electrical - 3pm	June 7, 2018	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 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: [arkiv.provexam.com](http://arkiv.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
<b>Subject Area</b>	<b># Quest.</b>
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 OR 978-1-934234-92-1. NASCLA, 23309 N. 17th Drive, Building 1, Unit 110, Phoenix, AZ 85027. Available at [www.nascla.org](http://www.nascla.org) or [www.provbookstore.com](http://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

*Updated: 1/18/18*

OKALOOSA COUNTY
RESIDENTIAL CONTRACTOR’S EXPERIENCE AFFIDAVIT

APPLICANT NAME: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_
PHONE: HOME - (\_\_\_\_) \_\_\_\_\_ WORK - (\_\_\_\_) \_\_\_\_\_

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

I, \_\_\_\_\_, am qualifying for the Residential 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 Elevated Slabs Precast Concrete Structures
- Foundation/Slabs 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 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 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 residential construction, 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 residential construction, with at least one (1) of those years being structurally related.

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 relving 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, BUILDING OR RESIDENTIAL CONTRACTOR \_\_\_ ANY CURRENT REGISTERED ENGINEER
\_\_\_ A CURRENT STATE REGISTERED GENERAL, BUILDING OR RESIDENTIAL CONTRACTOR \_\_\_ ANY CURRENT REGISTERED ARCHITECT
\_\_\_ ANY CURRENT BUILDING OFFICIAL.

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\_\_\_\_\_.

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

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

SEAL:

# 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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





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

Website: [arkiv.provexam.com](http://arkiv.provexam.com)

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[Candidate Information Bulletin.](#)

## Residential Contractor

Number of Questions	60
Time allowed (hours)	3
<b>Subject Area</b>	<b># Quest.</b>
Plan Reading	6
Sitework & Foundations	5
Concrete and Reinforcement	8
Masonry	8
Carpentry	10
Roofing	4
Interior Finishes	5
Exterior Finishes	5
Associated Trades	4
Safety	5

## References

**Basic Safety** . ISBN: 9781323676189. Prentice Hall, P.O. Box 11071, Des Moines, IA 50336. Available at [www.provbookstore.com](http://www.provbookstore.com).

**Florida Building Code 5th edition - Residential** , 2014. ISBN: Item #:5610L14. International Code Council, 4051 West Flossmoor Road, Country Club Hills, IL 60478. Available at [www.iccsafe.org](http://www.iccsafe.org).

**Masonry and Sitework for the Residential Contractor, 2nd edition** , 2nd. ISBN: 978-1-269-78556-3. Pearson, 501 Boylston Street, Suite 900, Boston, MA 02116. Available at [www.provbookstore.com](http://www.provbookstore.com)

**Study Guide for Residential Carpentry & Repair, 2nd edition** , 2014. ISBN: 978-1-269-78561-7. Pearson, 501 Boylston Street, Suite 900, Boston, MA 02116. Available at [www.provbookstore.com](http://www.provbookstore.com)



# 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@myokaloosa.com](mailto:rlucas@myokaloosa.com)

#### 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.