



## BOARD OF COUNTY COMMISSIONERS ESCAMBIA COUNTY, FLORIDA

Development Services Bureau  
3300 N. Pace Blvd., Suite 300, Pensacola, FL 32505  
P.O. Box 17248  
Pensacola, FL 32522-7248  
(850) 595-3550 - Phone  
(850) 595-3512 - FAX  
www.myescambia.com

### ELECTRICAL

#### APPLICATION CHECKLIST

#### PLEASE PROVIDE THE FOLLOWING DOCUMENTS:

- ✓ Application must be signed by applicant.
- ✓ One (1) 2"X2" passport photo. **NO OTHER PHOTO WILL BE ACCEPTED.**
- ✓ Copy of valid driver's license or other current identification.
- ✓ Trade Experience Verification Form completed, signed by current and/or previous licensed contractor, for whom you have worked, and signature must be notarized. **ORIGINALS ONLY.**
- ✓ Application fee is \$150, due at the time application is submitted.
- ✓ Return completed application to Escambia County Contractor Competency Board, P. O. Box 17248, Pensacola

#### OTHER IMPORTANT INFORMATION:

Passing score required by Escambia County is 75% for trade exam and 75% for the Business & Law Exam.

Application fee is \$150, payable to Escambia County. Upon issuance of the license, there will be an additional licensing fee. Licensing fees are prorated to your birth date and renew annually on your birth date.

Return completed application with supporting documentation to Escambia County Contractor Competency Board, 3300 North Pace Boulevard, Pensacola, FL 32505; or by mail to: Post Office Box 17248, Pensacola, FL 32522.

*Applications received by the second Thursday of each month will be presented to the Board of Electrical Examiners at the next scheduled meeting.*

*Board of Electrical Examiners meet the 3<sup>rd</sup> Thursday of each month, except when rescheduled.*

REVISED 9/09

## OTHER IMPORTANT INFORMATION

### **EXPERIENCE FROM ANOTHER STATE:**

If your work experience is outside the State of Florida, you will need to provide the following:

1. If you were self-employed, we will need a copy of your license that covers a 4-year period;
2. If you were employed by someone who held a license, we will need a copy of their license that covers a 4-year period and the Verification of Experience form included in this packet signed by the license holder;
3. If no license was required for that particular trade, we will need a letter from a local government official where the experience was obtained, stating that no license was required for that specific type of work. The letter will need to be signed by a government official, on letterhead and notarized. **The letter must be an original document.**

### **WORK EXPERIENCE REQUIREMENTS: (in accordance with Florida Statutes 489.111)**

Any person wishing to obtain a license shall apply in writing.

A person shall be eligible for licensure by examination and/or reciprocity if the person:

- a: is 18 years of age;
- b: is of good moral character; and
- c: meets eligibility requirements according to one of the following criteria:
  1. Has, within the 6 years immediately preceding the filing of the application, at least 3 years proven management experience in the trade or education equivalent thereto, or a combination thereof, but not more than one-half of such experience may be education equivalent;
  2. Has, within the 8 years immediately preceding the filing of the application, at least 4 years experience as a supervisor or contractor in the trade for which he or she is making application;
  3. Has, within the 12 years immediately preceding the filing of the application, at least 6 years of comprehensive training, technical education, or supervisory experience associated with an electrical or alarm system contracting business, or at least 6 years of technical experience in electrical or alarm system work with the Armed Forces or a governmental entity;
  4. Has, within the 12 years immediately preceding the filing of the application, been licensed for 3 years as professional engineer who is qualified by education, training, or experience to practice electrical engineering; or
  5. Has any combination of qualifications under paragraphs 1-3 above, totaling 6 years of experience.

**TWO (2) PERSONAL REFERENCES ARE ALSO REQUIRED FOR EACH APPLICANT. References must be original documents, verifiable and notarized.**



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## APPLICATION FOR EXAMINATION

SPONSORSHIP FEE: \$150.00

*Please Make Check(s) Payable to Escambia County*

### PLEASE CIRCLE APPROPRIATE CATEGORY

### BUSINESS & LAW IS REQUIRED OF ALL CATEGORIES (EXCEPT JOURNEYMEN)

Master Electrical  
Alarm I

Journeyman Electrical  
Alarm II

Low Voltage  
Sign Erector – Electrical

### PLEASE PRINT OR TYPE

Applicant's Name (no nickname) \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home No. \_\_\_\_\_ Business No. \_\_\_\_\_ Fax \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License # & State Issued: \_\_\_\_\_

Business Name Applying to be Qualified \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

List the numbers of all State of Florida registered/certified Contractor Licenses that you currently hold/held:

\_\_\_\_\_

**AFFIDAVIT**

The undersigned hereby makes application for licensure under the provisions of the Escambia County Code of Laws and Ordinances and vouches for the truth and accuracy and answers herein contained. Any willful falsification of any information contained in this application or attached forms are grounds for disqualification. If you are qualifying as an individual, only you need to sign below. If you are qualifying a Proprietorship, you and the Owner must sign. If a Corporation is being qualified, the signatures of the President, Vice-President and Secretary are also required. If it is a Partnership, each Partner must also attest the information is correct. List all license numbers held by these individuals in the spaces provided below.

Applicant's Signature	Licenses Held	Date
Signature of Partner/President/Sole Proprietor/Owner		Date
Signature of Partner/Vice-President		Date
Signature of Secretary/Treasurer		Date

Were you ever refused a local/state certificate of competency? \_\_\_ Yes \_\_\_ No If yes, please explain, in detail, on a separate sheet of paper and attach. Are there any charges currently pending against you which would be grounds for disciplining your license(s)? \_\_\_ Yes \_\_\_ No If yes, please explain, in detail, on a separate sheet of paper and attach.

**Financial Responsibility**

All applicants must answer the questions below. If you answer "yes" to any of the questions, a full explanation is required.

	<u>Yes</u>	<u>No</u>
Have you or a Partnership in which you were a Partner/Authorized Agent ever:		
1. Been declared bankrupt or been a member of a firm adjudicated bankrupt or in bankruptcy proceedings?	___	___
2. Failed to complete a contract?	___	___
3. Failed or been a member of a firm which failed to pay subcontractors/material suppliers or employees?	___	___
4. Had liens, law suits, or judgments pending or filed as a result of construction operations?	___	___
5. Ever been convicted or acting in the capacity of a contractor without a license?	___	___
6. Had a contractor's license revoked, suspended, reprimanded, placed on probation, or other discipline?	___	___
7. Have any unpaid, past due bills over 90 days for claims of labor, material or services?	___	___
8. Ever been convicted of a crime, had adjudication withheld, or presently charged with a felony?	___	___

**NOTE: ANY APPLICANT WHO ANSWERS "YES" TO ANY QUESTION CONTAINED IN THE FINANCIAL RESPONSIBILITY SECTION OF THIS FORM MUST SUPPLY A COMPLETE EXPLANATION OF THE RESPONSE AND INCLUDE A STATEMENT DETAILING THE STEPS TAKEN BY THE APPLICANT TO PREVENT A RECURRENCE OF THE CIRCUMSTANCES LEADING TO THE CONVICTION, DISCIPLINE, JUDGMENT, BANKRUPTCY, OR OTHER EVENT LEADING TO THE RESPONSE. INCLUDE ANY PROOF OF PAYMENT, SATISFACTION OF LIENS, JUDGMENTS, PROBATION REQUIREMENTS, AND BANKRUPTCY DISCHARGE PAPERS.**

*I certify I will act for the firm, partnership, or corporation for which I am qualifying in all matters concerning business, and I will actively supervise all construction work and be responsible for ascertaining that all such work is completed according to approved plans, applicable codes, and good construction standards. If at any time during this certification, I cease to be able to act for this business organization, I will immediately notify the Escambia County Contractor Competency Board in writing.*

*All information contained herein including all supplementary pages and attachments shall become part of public records upon your signature, except for those items excluded by the Privacy Act. I affirm the information I have given in this application is true and accurate and I understand any willful falsification constitutes grounds for disqualification. If I am currently a licensee, I understand action may be taken against my license if untrue statements are made in this application.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**STATE OF** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

The applicant who name is \_\_\_\_\_  
Personally appeared before me and is personally known and/or produced as identification \_\_\_\_\_  
\_\_\_\_\_.

SWORN TO AND SUBSCRIBED before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

Printed Name of Notary: \_\_\_\_\_



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**EXPERIENCE VERIFICATION FORM**

INFORMATION TO BE COMPLETED BY APPLICANT		
Applicant's Name:		
Applicant's Title/Position:		
Employer's Name:		
Employer's Address:		
City/State/Zip Code:		
Work Telephone No.:		
Dates of Employment	From:	To:
Supervisor's Name:		

INFORMATION TO BE COMPLETED BY EMPLOYER		
Employing Agency/Company's Name:		
Company Address:		
Applicant's Position:		
Dates of Employment of Applicant	From:	To:
Please describe the applicant's duties, including any hands-on supervisory responsibilities:		

I attest the information provided above is true and accurate.

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Contractor License Number

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

**I CERTIFY THAT** \_\_\_\_\_ appeared before me and is personally known to me or produced as identification \_\_\_\_\_. **SWORN TO AND SUBSCRIBED** before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC



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**THE FOLLOWING INFORMATION IS REQUIRED IF YOU HAVE NOT LIVED AND/OR  
WORKED IN FLORIDA IN THE PAST TEN (10) YEARS.**

Previous place of residence:

City/State: \_\_\_\_\_

Businesses owned and/or employed with:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Type of License held: \_\_\_\_\_

License No.: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name license was issued in (specific business name, if applicable):

\_\_\_\_\_  
\_\_\_\_\_

Issuing authority, including city/state and telephone number:

\_\_\_\_\_  
\_\_\_\_\_