



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

APPLICATION FOR RECIPROCITY

APPLICANTS MUST BE AT LEAST EIGHTEEN (18) YEARS OF AGE AND OF GOOD MORAL CHARACTER (as defined in Florida Statutes 489.511(4)(A) and 489.111(3)(a)(1)(2)(3)(4); as "... a personal history of honesty, fairness, and respect for the rights of others and for laws of this state and nation."

PLEASE PROVIDE THE FOLLOWING DOCUMENTS:

- ✓ Completed, signed and notarized application. Please circle the category for which you are applying.
- ✓ One (1) 2"X2" passport photo. **NO OTHER PHOTO WILL BE ACCEPTED.**
- ✓ Copy of valid driver's license or other current identification.
- ✓ Applicants applying to reciprocate from another Florida county must provide a copy of their current county license where registered; a letter from the sponsoring county and the testing agency, addressed to Escambia County, verifying test score results; and
- ✓ Original signed Experience Verification sheet.

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.

Please do not hesitate to contact the Contractor Licensing Section with any questions or requests for additional information at (850) 595-3488.

REVISED 9/30/09

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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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:

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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: _____

REVISED 9/30/09



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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:

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License Information

Scope – Tests a candidate's knowledge of payroll taxes, Workers' Compensation, Unemployment Compensation, Lien Laws and other laws or subjects that will affect their daily operations as contractors.

Examination Outline

Open Book

50 Questions - Two-hour time limit

75% Correct required to pass

Exam Topic	%
Business Organization	2
Licensing	8
Estimating and Bidding	8
Contract Management	16
Project Management	12
Insurance and Bonding	6
OSHA Recordkeeping	6
Personnel Regulations	16
Financial Management	10
Tax Laws	10
Lien Laws	6

References

The following reference is allowed in the testing center.

1. *Florida Contractor's Reference Manual*, Eighth Edition, Prometric, 1260 Energy Lane, St. Paul, MN 55108.

For information on how to obtain this exam reference, please call toll-free 877.624.2562.

Copyrighted Exam Questions

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2009 Florida exam schedule

Exams are offered at the following locations each month. Locations and dates are subject to change.

Bonita Springs		Clearwater		Cocoa		Gainesville		Jacksonville		Kissimmee	
Cutoff	Exam	Cutoff	Exam	Cutoff	Exam	Cutoff	Exam	Cutoff	Exam	Cutoff	Exam
12/22	01/10	12/22	01/10	01/23	02/07	01/08	01/24	02/12	02/28	12/22	01/10
02/12	02/28	01/30	02/14	04/17	05/02	02/05	02/21	03/06	03/21	02/20	03/07
02/27	03/14	02/27	03/14	07/17	08/01	03/06	03/21	04/10	04/25	03/20	04/04
04/03	04/18	04/03	04/18	10/23	11/07	04/03	04/18	05/01	05/16	05/21	06/06
04/24	05/09	05/01	05/16			05/01	05/16	06/05	06/20	06/25	07/11
06/05	06/20	06/05	06/20			06/05	06/20	07/31	08/15	08/27	09/12
07/10	07/28	07/02	07/18			07/02	07/18	09/11	09/26	09/18	10/03
08/07	08/22	07/24	08/08			07/31	08/15	10/02	10/17	11/18	12/05
09/03	09/19	09/03	09/19			09/03	09/19	10/30	11/14		
10/02	10/17	09/25	10/10			10/02	10/17				
10/30	11/14	10/30	11/14			11/06	11/21				
12/04	12/19	11/25	12/12			12/04	12/19				

Panama City		Pensacola		Port Richey		Port St. Lucie		St. Augustine		Tallahassee	
Cutoff	Exam	Cutoff	Exam	Cutoff	Exam	Cutoff	Exam	Cutoff	Exam	Cutoff	Exam
12/22	01/10	01/23	02/07	03/13	03/28	01/08	01/24	01/08	01/24	02/12	02/28
02/20	03/07	03/20	04/04	06/12	06/27	02/05	02/21	03/13	03/28	04/10	04/25
04/17	05/02	05/21	06/06	09/11	09/26	02/27	03/14	05/14	05/30	06/12	06/27
07/02	07/18	07/17	08/01	12/04	12/19	04/03	04/18	07/10	07/25	08/14	08/29
08/27	09/12	09/18	10/03			04/24	05/09	09/11	09/26	10/16	10/31
10/23	11/07	11/18	12/05			05/29	06/13	11/06	11/21	12/04	12/19
						07/02	07/18				
						07/24	08/08				
						09/03	09/19				
						09/25	10/10				
						10/30	11/14				
						11/25	12/12				

Tampa		West Palm Beach		Winter Haven			
Cutoff	Exam	Cutoff	Exam	Cutoff	Exam		
01/02	01/17	12/22	01/10	01/08	01/24	01/15	01/31
02/05	02/21	02/05	02/21	02/20	03/07	02/05	02/21
03/06	03/21	03/06	03/21	03/20	04/04	03/13	03/28
04/10	04/25	04/03	04/18	04/17	05/02	05/14	05/30
05/01	05/16	05/01	05/16	05/21	06/06	06/05	06/20
06/05	06/20	06/05	06/20	06/25	07/11	07/10	07/25
07/10	07/25	07/10	07/25	07/24	08/08	09/11	09/26
07/31	08/15	08/07	08/22	08/27	09/12	10/16	10/31
09/03	09/19	09/11	09/26	09/25	10/10	11/06	11/21
10/02	10/17	10/16	10/24	10/23	11/07		
11/06	11/21	11/06	11/21	11/18	12/05		
12/04	12/19	12/04	12/19				