



## BOARD OF COUNTY COMMISSIONERS ESCAMBIA COUNTY, FLORIDA

Construction Competency Board • Board of Electrical Examiners

Building Services Department  
3363 West Park Place, Pensacola, FL 32505  
PH: (850) 595-3550 ~ FAX: (850) 595-3401  
Email: [contractorlicense@myescambia.com](mailto:contractorlicense@myescambia.com)

### APPLICATION FOR EXAMINATION ~ ELECTRICAL

#### PLEASE PROVIDE THE FOLLOWING ORIGINAL DOCUMENTS:

- \_\_\_ Completed application signed by applicant and notarized.
- \_\_\_ Copy of valid driver's license and/or other valid government-issued picture identification.
- \_\_\_ Payment of **\$150.00** for application processing and the appropriate board's consideration.
- \_\_\_ Construction related collegiate diplomas, vocational certificates, and/or DD-214 as needed and/or
- \_\_\_ Completed *Experience Verification form* signed by current and/or previous licensed contractor.
- \_\_\_ Two notarized letters of reference (personal or professional).

for whom you have worked for; signature must be notarized; **NO SELF VERIFICATION.**

#### OTHER IMPORTANT INFORMATION:

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

Return your completed, notarized application with **ALL** supporting documentation to the following:

**By Mail:** Escambia County Building Services, 3363 West Park Place, Pensacola, Florida 32505  
**By Email:** [contractorlicense@myescambia.com](mailto:contractorlicense@myescambia.com)  
**By Fax:** (850)595-3401

Applications must be received by the close-of-business Wednesday prior to the board meeting. Once the *Application for Examination~ Electrical* fee has been processed, you will be placed on the next Board of Electrical Examiners (BOEE) meeting agenda. Applications received after the original deadline will be placed on a subsequent BOEE agenda once requirements are met and payment has been processed.

At the meeting, the BOEE will review all of the applicant's submitted documentation and there will be a determining vote for examination approval. Once approved, there are two (2) mandatory exams required for contractor licensure here in Escambia County, Florida: 1) Electrical-specific exam and 2) *Business & Law* exam. The minimum passing score is 75% for each exam; exams may be taken individually or combined. All testing will be administrated through either [Prov](#) or [Prometric](#).

After passing both of the required examinations and the *Initial Certificate of Competency* fee has been paid, the applicant may work as a licensed electrical contractor. The applicant's license cannot be fully issued until the required insurances and state registration documents are received per [Escambia County Code of Ordinances](#). Once issued, the license is good for a year and renewal of the license is required prior to the expiration date to avoid delinquency and/or penalties.

**INFORMATION CHECK OFF LIST**  
**(PLEASE DO NOT RETURN WITH YOUR APPLICATION)**

**EXPERIENCE FROM ANOTHER STATE:**

**YES**

**NO**

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 and notarized 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 submitting an Application for licensure by examination and/or reciprocity shall be eligible if the person:

1. is 18 years of age;
2. is of good moral character; and
3. meets eligibility requirements according to one of the following criteria:

**Master Electrician (Electrical Contractor) & Alarm I, II and Residential**

**YES**

**NO**

1. Satisfactory proof of at least four years related working experience in the electrical or alarm construction trade by providing a completion certificate from a four-year apprenticeship program.
2. A notarized affidavit from an employer certifying related electrical or alarm experience.
3. Submitted of an equivalent Master Electrician's/Electrical Contractor's or Alarm System Contractor from a jurisdiction acceptable to the Board and certification of four years related working experience in the electrical or alarm system trade as outlined in this subsection.
4. A degree in Electrical Engineering or Electrical Technology and two years related work experience in the electrical trade.
5. In lieu of examination, Alarm Contractor's license may be issued in an appropriate category as provided for in F.S. § 489.537.

**Maintenance Electrician:**

**YES**

**NO**

1. Experience references to show a four-year background in the electrical trade.
2. A list of the employers for the last four years with whom employed, giving specific job description and titles held, etc.

**Journeyman Electrician:**

**YES**

**NO**

1. Satisfactory proof of at least two years related working experience in the electrical construction trade by providing a completion certificate from a four-year apprenticeship program consisting of one of the following:
  - I. A notarized affidavit from an employer certifying related electrical experience.
  - II. Submission of an equivalent Journeyman Electrician Certificate from a jurisdiction acceptable to the Board and certification of two years related working experience in the electrical trade as outlined in this subsection.



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### APPLICATION FOR EXAMINATION ~ ELECTRICAL

SPONSORSHIP FEE: \$150.00

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

#### PLEASE CHECK APPROPRIATE CATEGORY

BUSINESS & LAW examination is required for trades (EXCEPT JOURNEYMEN)

☐ Master Electrician  
☐ Burglar Alarm (except Fire)  
☐ Low Voltage

☐ Maintenance Electrician  
☐ Fire Alarm  
☐ Journeyman Electrician

☐ Master Sign Electrician  
☐ Burglar & Fire Alarm

#### PLEASE PRINT OR TYPE

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Business #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

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 of 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. A SEPARATE SHEET MAY BE ADDED FOR EXPLANATION(S).**

*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 :		
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:		
<hr/>		
<hr/>		
<hr/>		

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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### **OUT-OF-STATE RESIDENCY**

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

License Classification: \_\_\_\_\_

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

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

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

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

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

Issuing authority, including city/state and telephone number:

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