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

APPLICATION FOR RECIPROCITY

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 Application for Reciprocity fee (non-refundable)
__ Letter of Reciprocity from current County; include a copy of the active County license
__ Verification letter from testing company showing trade-specific and Business & Law scores
__ Completed Experience Verification form signed by current and/or previous licensed contractor for whom you have worked for; signature must be notarized; **NO SELF VERIFICATION**.

NOTE: *BUSINESS & LAW* PASSING TEST SCORE IS REQUIRED (EXCEPT JOURNEYMEN)

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
By: Fax: (850)595-3401

Typically, the *Contractor Competency Board* (CCB) secretary may approve reciprocity applications with the discretion of the Building Official. However, some applications may need closer consideration by the CCB. If so, once the *Application for Reciprocity* fee has been processed, you will be placed on the next CCB meeting agenda. Applications received after the original deadline of the Thursday prior to the meeting will be placed on a subsequent CCB agenda once requirements are met and payment has been processed.

At the meeting, the CCB will review all of the applicant's submitted documentation and there will be a determining vote for reciprocity approval. Once approved and the *Initial Certificate of Competency* fee has been paid, the applicant may work as a licensed contractor; Journeymen licensing is $25.00, per F.S. 489.1455 & 489.5335. 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.

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 received a baccalaureate degree from an accredited four-year college in the appropriate field of engineering, architecture, or building construction and has one year of proven experience in the category in which the person seeks to qualify. For the purpose of this part, a minimum of 2,000 person-hours shall be used in determining full-time equivalency.
2. Has a total of four years experience as a worker who has learned the trade by serving an apprenticeship as a skilled worker who is able to command the rate of mechanic in the particular trade or as a foreman who is in charge of a group of workers and usually is responsible to a superintendent or a contractor or his or her equivalent, provided, however that at least one year of active experience shall be as a foreman.
3. Has a combination of not less than one year of experience as a foreman and not less than three years of credits for any accredited college-level courses; or has a combination of not less than two years of experience as a skilled worker, one year of experience as a foreman; and not less than one year of credits for any accredited college-level courses shall be considered accredited college-level courses.

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**.

Degree In Lieu of Experience

In accordance with F.S. § 489.111, a four-year college degree may be substituted for three years experience **if the degree is in the field of engineering, architecture, or building construction**. Please provide a copy of the diploma and/or transcript with your application.

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APPLICATION FOR RECIPROCITY

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)

__Air Conditioning "A"
__Air Conditioning "B"
__Aluminum Structures
__Building Contractor
__Boiler/Piping
__Commercial Pool
__Demolition
__Doors/Windows/Siding
__General Contractor
__Journeyman Gas
__Journeyman Plumber
__Marine
__Master Gas
__Master Plumber w/Gas
__Mechanical Contactor
__Pool Service
__Pressure Piping
__Residential Contractor
__Residential Pool
__Roofing
__Sheet Metal Contractor
__Sign Erector – Non Electrical
__Solar Water Heating
__Specialty Structure Contractor
__Sprinkler/Irrigation Contractor
__Tower/Antenna Erector
__Underground Utility Contractor

Other: _____

_____

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:_____

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.

Have you or a Partnership in which you were a Partner/Authorized Agent ever:	Yes	No
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:_____

ESCAMBIA COUNTY BUILDING SERVICES
CONTRACTOR LICENSING DIVISION

3363 West Park Place Pensacola, FL 32505
Phone: 850-595-1629 or 850-595-0825
Email: contractorlicense@myescambia.com

EXPERIENCE VERIFICATION FORM

APPLICANT'S INFORMATION	
Name:	
Address:	
Telephone Number:	
EMPLOYER'S INFORMATION	
Business Name:	
Address:	
Telephone Number:	
EMPLOYMENT INFORMATION	
Applicant's Job Title/Position:	
Dates of Employment:	to
□ W2 Employee (on payroll)	□ Subcontractor
APPLICANT'S JOB DUTIES DURING EMPLOYMENT	
Detailed Description of Assigned Job Duties:	
Number of Projects Performed:	
Type of Projects Performed:	
List of Project Names Performed:	

Detailed Description of Supervisory or Foreman Duties:
Number of Staff Supervised:
Number of Projects Supervised:
List of Project Names Supervised:

I attest that the information provided above is true and accurate.

Signature of Contractor	Date
Printed Name of Contractor	Contractor's License Number

NOTARY SECTION

STATE OF _____

COUNTY OF _____

The applicant whose 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_____.

_____ (SEAL)

NOTARY PUBLIC

ESCAMBIA COUNTY BUILDING SERVICES
CONTRACTOR LICENSING DIVISION

3363 West Park Place Pensacola, FL 32505
Phone: 850-595-3509 or 850-595-3572
Fax: 850-595-3401
Email: contractorlicense@myescambia.com

LETTER OF AUTHORIZATION

THIS LETTER OF AUTHORIZATION FORM SUPERCEDES ALL PREVIOUS FORMS ON FILE UNLESS OTHERWISE INDICATED AND HAS TO CONTAIN PHYSICAL SIGNATURES OF ALL PARTIES (NO E-SIGNATURES ACCEPTED).

I CONFIRM THAT THE FOLLOWING LISTED PERSON(S) ARE ON MY PAYROLL AND AUTHORIZED TO SIGN FOR PERMITS, REQUEST INSPECTIONS, AND RECEIVE CERTIFICATES OF OCCUPANCY/COMPLETION ON MY BEHALF.

	NAME OF AUTHORIZED PERSON(S)	AUTHORIZED PERSON(S) SIGNATURE
1.	NAME:	
	EMAIL:	
	TELEPHONE NUMBER:	
2.	NAME:	
	EMAIL:	
	TELEPHONE NUMBER:	
3.	NAME:	
	EMAIL:	
	TELEPHONE NUMBER:	
4.	NAME:	
	EMAIL:	
	TELEPHONE NUMBER:	
5.	NAME:	
	EMAIL:	
	TELEPHONE NUMBER:	
6.	NAME:	
	EMAIL:	
	TELEPHONE NUMBER:	
7	NAME:	
	EMAIL:	
	TELEPHONE NUMBER:	

Escambia County Building Services
3363 West Park Place
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Hold Harmless Agreement

This agreement is entered into this _____ day of _____, 20_____, between _____ dba _____ hereinafter called the **Licensee**, and Escambia County, Florida, hereinafter called the **County**.

Whereas the **Licensee** desires to register with the County under the terms and conditions set forth, and now, therefore, the parties hereto, in consideration of the fee paid, and other good valuable consideration, agree as follows: The **Licensee** agrees to defend, indemnify and hold harmless **Escambia County**, its agents, employees and officials from any and all claims arising out of its acts of the **Licensee** in **Escambia County**.

_____ **LICENSEE'S PRINTED NAME**

_____ **LICENSEE'S SIGNATURE**

_____ **DATE SIGNED**

_____ **LICENSE NUMBER**

STATE OF _____

COUNTY OF _____

The licensee whose name is _____ personally appeared before me and presented identification _____ or is personally known to me; this _____ day of _____, 20_____

_____
NOTARY PUBLIC (SEAL)

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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:
_____
_____