



BOARD OF COUNTY COMMISSIONERS ESCAMBIA COUNTY, FLORIDA

Building Services Department
3363 West Park Place
Pensacola, FL 32505
(850) 595-3550 - Phone
(850) 595-3401 – FAX
Email : buildinginspections@myescambia.com
On the Web : www.myescambia.com

ELECTRICAL

APPLICATION CHECKLIST

PLEASE PROVIDE THE FOLLOWING DOCUMENTS:

- ✓ Application must be complete, signed by applicant; notarized.
- ✓ Copy of valid driver's license or other current picture identification.
- ✓ Trade Experience Verification Form completed, signed by current and/or previous licensed contractor, for whom you have worked, and signature must be notarized. The form can not be self verified. **ORIGINALS ONLY.**
- ✓ At least two (2) personal references are also required for each applicant. References must be original documents, verifiable and notarized.
- ✓ Application fee is \$150, due at the time application is submitted.
- ✓ Return completed application, with fee, to Escambia County Contractor Competency Board, 3363 West Park Place, Pensacola, Florida 32505.

OTHER IMPORTANT INFORMATION:

Passing score of 75% for trade exam and 75% for the Business & Law Exam.

Examination Application fees are due at application submittal. Prior to issuance of the license, proof of Current General Liability, Workers' Comp Insurance and/or Workers' Comp Exemption and proof of current Continuing Education requirements must be provided. Upon issuance of the license, the initial Licensing fee of \$150 must be paid, (excluding Journeyman – fee is \$50). All payments should be made payable to Escambia County. Additionally, all License fees are due annually.

Return completed Application with fee and supporting documentation to Escambia County Board of Electrical Examiners, 3363 West Park Place, Pensacola, FL 32505.

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 3rd Thursday of each month, except when rescheduled.

CONTRACTOR LICENSING

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 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

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:

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

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

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, II or Residential
Journeyman Electrical

Maintenance Electrical
Low Voltage

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.: _____

Email address: _____

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

WORK EXPERIENCE REQUIREMENTS:

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

	<u>Yes</u>	<u>No</u>
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:

	<u>Yes</u>	<u>No</u>
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

	<u>Yes</u>	<u>No</u>
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.	_____	_____

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.

Date

Applicant's Signature

Applicant's Printed Name

STATE OF _____

COUNTY OF _____

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20____. The Applicant who name is _____ personally appeared before me and is personally known and/or produced as identification _____.

NOTARY PUBLIC

Printed Name of Notary: _____

For Office Use Only:

Approved: _____ Rejected: _____

Chairman

Escambia County Board of Electrical Examiners

Date: _____



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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:

