



## 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](mailto:buildinginspections@myescambia.com)  
On the Web: [www.myescambia.com](http://www.myescambia.com)

### APPLICATION FOR EXAMINATION

**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:**

- ✓ 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.**
- ✓ 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. Completed, signed and notarized application. Please circle the category for which you are applying.

#### 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. All payments are to be payable to Escambia County. Licensing fees are renewed annually.

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

*Applications received by the 4<sup>th</sup> Wednesday of each month will be presented to the Contractor Competency Board at the next scheduled meeting.*

The Contractor Competency Board meets the 1<sup>st</sup> Wednesday of each month, except when rescheduled.

## **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 baccalaureate four-year (accredited) 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 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)

Air Conditioning "A"  
Air Conditioning "B"  
Building Contractor  
Boiler/Piping  
Commercial Pool  
Demolition  
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  
Doors/Windows/Siding  
Other: \_\_\_\_\_  
\_\_\_\_\_

### 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:

\_\_\_\_\_

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

For Office Use Only:

Approved: \_\_\_\_\_

Rejected: \_\_\_\_\_

\_\_\_\_\_  
**Chairman**

Escambia County Contractor Competency Board

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



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**EXPERIENCE VERIFICATION FORM**

***[Must be completed by Contractor other than Applicant]***

| 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:

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