



BOARD OF COUNTY COMMISSIONERS ESCAMBIA COUNTY, FLORIDA

Board of Electrical Examiners • Contractor Competency Board

3363 West Park Place
Pensacola, FL 32505
(850) 595-3509 - Phone
(850) 595-3401 - FAX
www.myescambia.com

APPLICATION FOR RECIPROCITY

ALL FEES ARE NONREFUNDABLE

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 check the category for which you are applying.
- ✓ Copy of valid driver's license or other current picture 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 that the Applicant has taken the current licensing examination and the grade on it.
- ✓ The Applicant must also provide verification to the County from the testing company of his or her score.
- ✓ Certificate of Insurance for General Liability Insurance, if applicable. Certificates must be issued in the **exact name as the Contractor's license**. Certificates issued in names other than the state license cannot be used.
- ✓ Workers' Compensation Certificate or Qualifier's Exemption Card, if applicable.
- ✓ 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.

Reciprocity Application fees are \$150, paid at time of application submittal. Upon issuance of the license, there will be an initial licensing fee of \$150. Annual renewal licensing fees are \$125. Journeyman Trade Reciprocity Licensing annual renewal fees are \$25, per Florida Statutes 489.1455 & 489.5335.

WORK EXPERIENCE REQUIREMENTS (in accordance with F.S. 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 as one (1) 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 (4) 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 of a Contractor or his or her equivalent, provided, however, that at least one (1) 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 (3) years of credits for any accredited college-level courses; has a combination of not less than two (2) years of experience as a skilled worker, one (1) year of experience as a foreman; and not less than one (1) year of credits for any accredited college-level courses. All junior college or community college-level courses shall be considered accredited college-level courses.

Work Experience Requirements for Electrical Trade Applicants:

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.

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 (3) 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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SPONSORSHIP FEE: \$150.00
Please Make Check(s) Payable to Escambia County

BUSINESS & LAW IS REQUIRED OF ALL CATEGORIES (EXCEPT JOURNEYMEN)

1. I am applying for license as a:

- | | |
|---------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Air Conditioning "A" | <input type="checkbox"/> Master Plumber w/Gas |
| <input type="checkbox"/> Air Conditioning "B" | <input type="checkbox"/> Mechanical Contractor |
| <input type="checkbox"/> Alarm I* | <input type="checkbox"/> Pool Service |
| <input type="checkbox"/> Alarm II* | <input type="checkbox"/> Pressure Piping |
| <input type="checkbox"/> Alarm Residential* | <input type="checkbox"/> Residential Contractor |
| <input type="checkbox"/> Building Contractor | <input type="checkbox"/> Residential Pool |
| <input type="checkbox"/> Boiler/Piping | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Demolition Contractor | <input type="checkbox"/> Sheet Metal Contractor |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Sign Erector – Non Electrical |
| <input type="checkbox"/> Journeyman Electrical * | <input type="checkbox"/> Solar Water Heating |
| <input type="checkbox"/> Journeyman Gas | <input type="checkbox"/> Specialty Structure Contractor |
| <input type="checkbox"/> Journeyman Plumber | <input type="checkbox"/> Sprinkler/Irrigation Contractor |
| <input type="checkbox"/> Maintenance Electrician* | <input type="checkbox"/> Tower/Antenna Erector |
| <input type="checkbox"/> Marine | <input type="checkbox"/> Underground Utility Contractor |
| <input type="checkbox"/> Master Electrical* | <input type="checkbox"/> Doors/Windows/Siding |
| <input type="checkbox"/> Master Gas | |

*** See Experience Requirements for Electrical Applicants on Page 2.**

2. Have you previously applied to this Board for licensure as a contractor or journeyman? If so, when? _____
3. Name of Individual to be Certified: _____
4. Residence Address _____ City _____
Zip _____
5. Date of Birth: _____ Driver's License # & State Issued: _____
6. Telephone: Home: _____ Business: _____
Fax: _____ Cell: _____
7. Business Name: _____

8. List the numbers of all State of Florida registered/certified Contractor Licenses that you currently hold/held:
-
9. 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.
10. 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.

EXPERIENCE FROM ANOTHER STATE:

If your work experience is outside the State of Florida, you will need to provide the following:

11. If you were self-employed, we will need a copy of your license that covers a 4-year period;
12. 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;
13. 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.**

If the answer to any of the following questions is “yes”, explain fully on a separate sheet of paper.

	<u>Yes</u>	<u>No</u>
Have you or a Partnership in which you were a Partner/Authorized Agent ever:		
A. Been declared bankrupt or been a member of a firm adjudicated bankrupt or in bankruptcy proceedings?	_____	_____
B. Failed to complete a construction contract?	_____	_____
C. Failed or been a member of a firm which failed to pay subcontractors/material suppliers or employees?	_____	_____
D. Have liens, law suits, or judgments pending or filed as a result of construction operations?	_____	_____
E. Ever been convicted or acting in the capacity of a contractor without a license?	_____	_____
F. Had a contractor’s license revoked, suspended, reprimanded, placed on probation, or other discipline?	_____	_____
G. Have any unpaid, past due bills over 90 days for claims of labor, material or services?	_____	_____
H. Ever been convicted of a crime, had adjudication withheld, or presently under a charge of committing 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.

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

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.

I hereby certify I have read the application and the accompanying instruction sheet and have answered all questions truly and honestly and enclosed the application fee of \$150. I understand that my certificate can be suspended or revoked for good cause shown.

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

(SEAL)

Approved: _____	Rejected: _____
_____ Chairman	
_____ Board of Electrical Examiners	
_____ Contractor Competency Board	
Date: _____	



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VERIFICATION OF CONSTRUCTION EXPERIENCE

[Must be completed by Contractor other than Applicant]

Date: _____

_____ IS/WAS EMPLOYED BY
_____ LOCATED AT

FROM _____ TO _____

(Tell in your own words what you know of Applicant's experience. Describe the type of work performed and the position as Apprentice, Helper, Journeyman, Foreman, Supervisory Employee or Contractor. Describe the kind of buildings, structures, or projects worked on. Give any other details that might aid in evaluating relevant experience.)

I AM THE QUALIFIER FOR THE ABOVE CONSTRUCTION FIRM AND HOLD CURRENT CERTIFICATE OF COMPETENCY OR STATE CERTIFICATION NO. _____ FROM _____ AS A CONTRACTOR.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signed: _____

Printed Name of Contractor: _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____
by _____ who is/is not personally known to me and produced as
identification _____.

NOTARY PUBLIC
Commission No.: _____

(SEAL)

(If self-employed, notarized letters from Building Officials, licensing agencies, and/or contractors you performed work for, will be accepted.)



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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:

(If self-employed, notarized letters from Building Officials, licensing agencies, and/or contractors you performed work for, will be accepted.)