

BAY COUNTY CONSTRUCTION INDUSTRY ADVISORY COMMITTEE



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Bay County Builders' Services Division
c/o 840 W 11TH ST.
Panama City, FL 32401
(850) 248-8350

APPLICATION FOR BAY COUNTY REGISTERED EXAMINATION

Part I. Examination Categories

Check category for which applying (only one):

- | | | | | |
|--|--------------------------------------|---|---|--|
| <input type="checkbox"/> General | <input type="checkbox"/> Sheet Metal | <input type="checkbox"/> Air Conditioning "A" | <input type="checkbox"/> Commercial Pool/Spa | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Building | <input type="checkbox"/> Roofing | <input type="checkbox"/> Air Conditioning "B" | <input type="checkbox"/> Residential Pool/Spa | <input type="checkbox"/> Underground Utility |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Pollutant Storage | <input type="checkbox"/> Pool/Spa Servicing | <input type="checkbox"/> Demolition (pgs. 1,2 & 5) |
| <input type="checkbox"/> Specialty Structure | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Specialty _____ | | |

Part II. Personal Information

Name: _____ Social Security #: _____
(Last) (First) (Middle)

Mailing Address: _____
(Street Address) (City) (State) (Zip)

Telephone Number: () _____ () _____ () _____
(Home) (Business) (Cell)

Date of Birth: _____ Place of Birth: _____
(City, State, Country)

Yes () No () Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name? If yes, list the name(s) and date(s) of change.

Yes () No () Are you a citizen of the United States? If no, please explain: _____

Attach a COPY of all State of Florida certified or registered contractor licenses that you hold and list any you have held that may be either revoked, suspended, or delinquent.

Education: (circle only the last year completed)

Grade School: 1 2 3 4 5 6 7 8 9 **High School:** 10 11 12

College: 1 2 3 4 5 6 7 8 Degree Achieved: _____

Attach a COPY of official college transcript, or copy of diploma ONLY when substituting education for experience in accordance with the instructions in the **APPLICANT INFORMATION BOOKLET**.

Part III. Financial Responsibility Applicant Statement

The Committee requires any applicant/licensee who answers “yes” to any question contained in the Financial Responsibility Section of the application to 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, judgement, bankruptcy, or other event leading to the response. You must include any proof of payment, satisfaction of liens, judgements and bankruptcy discharge papers in our submittal, if applicable. Applicants may be required to appear before the Application Review Committee to answer questions regarding such responses.

Have you (or a partnership in which you were a partner or an authorized representative, or a corporation in which you were an officer or an authorized representative) **ever:**

- | Yes | No | |
|-----|----|---|
| | | A. Undertaken construction contracts or work that a third party, such as a bonding or surety company completed or made financial settlements on? |
| | | B. Had claims or lawsuits filed for unpaid or past due accounts by your creditors as a result of construction operations? |
| | | C. Undertaken construction contracts or work which resulted in liens, suits, or judgements being filed? |
| | | D. Had a lien against you by the U.S. Internal Revenue Service or Florida Corporate Tax Division? If “yes”, you must attach a copy of the Notice of Lien and any payment agreement, satisfaction, Release of Lien, or other proof of payment. |
| | | E. Made an assignment of assets in settlement of construction obligations for less than the debts outstanding? |
| | | F. Been charged with or convicted of acting as a contractor without a license, or if licensed as a contractor in this or any other state, been “subject to” any disciplinary action by a state, county, or municipality? If “yes”, you must attach a copy of any state, county, municipal or out-of-state disciplinary order or judgement. |
| | | G. Filed for or been discharged in bankruptcy within the past five (5) years? If “yes”, you must attach a copy of the Discharge Order, Order Confirming Plan or if a Corporate Chapter 7 case, a copy of the Notice of Commencement. |
| | | H. Been convicted or found guilty of, or entered a plea of “nolo contendere” to, regardless of adjudication, a crime in any jurisdiction within the past ten (10) years? Note: If you, the applicant/licensee, has had a felony conviction, proof that your civil rights have been restored will be required prior to licensure. |

STATEMENT: I affirm the information I have given in this application is true and accurate. I understand any willful falsification constitutes grounds for disqualification. If I am currently a licensee, I understand action may be taken against my license(s) if untrue statements are made in this application.

I understand if I receive this application from any source other than the Construction Industry Advisory Committee, it may not be complete.

(Applicant’s Signature)	(Print Name)	Date
(Street Address)	(City)	(State) (Zip)

CERTIFICATION OF EXPERIENCE

Part IV. Method Used To Qualify

This form must be completed according to the instructions given in the enclosed **APPLICANT INFORMATION BOOKLET**. Refer to the section entitled: **ELIGIBILITY REQUIREMENTS**. The person certifying the experience must have direct knowledge of the applicant's experience. Duplicate this form (front and back) for further certifications. All attachments pertaining to experience must be signed by verifier and notarized. *(duplex pages 3 & 4 when copying)*

Applicant Name: _____ Category of Exam: _____
 Address: _____
 City/State/Zip: _____

I am qualifying for this examination by (check only one):

- Holding an active certified or registered _____ Florida Contractor's License, number _____, since _____.
- Four (4) year construction-related degree from an accredited college (equivalent to three (3) years experience and one (1) year proven experience), notarized copy of official college transcript, or copy of diploma attached, applicable to the category for which you are applying; or
- Four (4) year non-construction degree from an accredited college (equivalent to two (2) years experience and one (1) year experience as a workman, and one (1) year proven experience as a foreman), notarized copy of official college transcript, or copy of diploma attached; or
- Four (4) years proven experience as a workman or foreman of which at least one (1) year must have been as a foreman; or three (3) years proven experience for Specialty Trade, with one (1) year proven experience as a foreman; or
- Two (2) years proven experience as a workman, one (1) year proven experience as a foreman, and one (1) year accredited college-level courses (equivalent to one (1) year of experience in appropriate field of engineering, architecture or building construction), notarized copy of official college transcript, or copy of diploma attached; or
- Two (2) years proven experience as a workman, one (1) year proven experience as a foreman, and a two (2) year non-construction degree (equivalent to one (1) year of experience), notarized copy of official college transcript, or copy of diploma attached; or
- Two (2) years proven experience as a workman or foreman of which at least one (1) year must have been as a foreman, and a two (2) year construction related degree (equivalent to two (2) years of experience), applicable to the category for which you are applying.

TO BE COMPLETED BY PERSON(S) CERTIFYING EXPERIENCE (Please Print)

I am eligible based on licensure as a:

- _____ FL current state CERTIFIED CONTRACTOR
- _____ FL current state REGISTERED CONTRACTOR
- _____ Any current *REGISTERED ARCHITECT
- _____ Any current *REGISTERED ENGINEER
- _____ Any current *BUILDING OFFICIAL

Print Name of Person Certifying Experience

Address

City/State/Zip

↑ All Building Official and Registered Architects/Engineers must submit a copy of their current license showing the expiration date.

I may be reach by phone for comment, if necessary, at the telephone number shown below during business hours.
 Area Code: _____ Number: _____

JOB'S HELD BY APPLICANT	FROM MONTH/YEAR	TO MONTH/YEAR	*TOTAL HOURS DURING THIS TIME
Workman/Mechanic/Journeyman			
Foreman/Supervisor/Manager/Superintendent			

*Show experience in "man-hours" only when education/experience coincide (2,000 hours = one year)

This page must be completed by EACH person(s) certifying experience
NOTE: NOTARIZED SIGNATURES OF BOTH THE APPLICANT AND PERSON CERTIFYING EXPERIENCE ARE REQUIRED ON THE "REVERSE SIDE" OF THIS FORM
Duplex pages 3 & 4 when copying)

CERTIFICATION OF EXPERIENCE

TO BE COMPLETED BY APPLICANT (and notary)

"I have read the APPLICANT INFORMATION BOOKLET and reviewed the experience requirements. I understand any false information provided on this form may make me ineligible to take the examination. I also understand that if a license is issued as a result of information I provided on this application and if that information is later reviewed and determined to be incorrect, it could result in the possible loss of the license. I certify the foregoing is true and correct."

Applicant

STATE OF _____ (Print Applicant Name) _____ (Signature of Applicant)

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,

by _____.

(Signature of Notary Public - State of Florida)
(Notary Stamp or Seal)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

TO BE COMPLETED BY PERSON CERTIFYING EXPERIENCE (and notary)

"I have read the APPLICANT INFORMATION BOOKLET and reviewed the experience requirements for the above named applicant. I have direct knowledge of this applicant's experience. I understand "direct knowledge" does not mean I am relying on a statement or statements from the applicant that she/he has met the requirement. I further understand my license can be subject to discipline if the information given and attested to by me is found to be purposely misleading and fraudulent."

Person Certifying Experience

_____ (Print Name of Person Certifying Experience) _____ (Signature of Person Certifying Experience)

Florida Certified/Registered Contractor License Number (must have held license at least five (5) years): _____

or

*Registered Architect/Engineer License Number: _____

SEAL OR STAMP OF ARCHITECT OR ENGINEER

or

*Building Official License Number: _____

*All Building Officials and Registered Architects or Engineers must submit a copy of their current licenses(s).

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,

by _____.

(Signature of Notary Public - State of Florida)
(Notary Stamp or Seal)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

ANY ATTACHMENTS PERTAINING TO EXPERIENCE MUST ALSO BE SIGNED AND NOTARIZED BY APPLICANT/VERIFIER

(Duplex pages 3 & 4 when copying)

VERIFICATION OF EXPERIENCE

Part V. Verification of Experience

In the table below, describe your experience in accordance with the “**ELIGIBILITY REQUIREMENTS**” listed in the **APPLICANT INFORMATION BOOKLET** for your examination category. List and describe work performed detailing the type(s) of buildings, projects and/or equipment worked on. (If applying for the General Contractor Exam, indicate the number of stories.)

DESCRIBE EXPERIENCE AND WORK PERFORMED Refer to the verbiage in the APPLICANT INFORMATION BOOKLET under the category you are applying for. Your application must state that you have experience in “each” of the criteria’s listed for your category (not applicable to “structurally related” experience for General, Building, or Residential). Your application will be rejected if you have not complied.	<u>LIST JOBS</u> where the described experience was gained (listing the “number of stories” if applying for General). and <u>LIST THE COMPANY AND/OR CONTRACTOR(S)</u> that supervised your work	<u>CITY AND STATE</u> Where the work was performed	<u>TIME SPENT</u> on projects listed FROM/TO

Person certifying experience listed above:

Print Name _____

Signature _____

NOTE: NOTARIZED SIGNATURES OF BOTH THE APPLICANT AND PERSON CERTIFYING EXPERIENCE ARE REQUIRED ON THE “REVERSE SIDE” OF THIS FORM
(Duplex pages 5 & 6 when copying)

VERIFICATION OF EXPERIENCE

TO BE COMPLETED BY APPLICANT (and notary)

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Applicant

STATE OF _____ (Print Applicant Name) _____ (Signature of Applicant)

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,

by _____.

(Signature of Notary Public - State of Florida)
(Notary Stamp or Seal)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

TO BE COMPLETED BY PERSON CERTIFYING EXPERIENCE (and notary)

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or

*Registered Architect/Engineer License Number: _____

SEAL OR STAMP OF ARCHITECT OR ENGINEER

or

*Building Official License Number: _____

*All Building Officials and Registered Architects or Engineers must submit a copy of their current licenses(s).

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,

by _____.

(Signature of Notary Public - State of Florida)
(Notary Stamp or Seal)

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Type of Identification Produced _____

ANY ATTACHMENTS PERTAINING TO EXPERIENCE MUST ALSO BE SIGNED AND NOTARIZED BY APPLICANT/VERIFIER

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