



Department of Growth Management

LANDSCAPE STRUCTURES CONTRACTOR

“Landscape Structures Contractor” means a person who is qualified and demonstrates the experience, skill, and expertise to construct, install, repair, and extend structures for exterior site and yard use. This includes fencing, railings, gates, decking at grade (30” or below), boardwalks, utility structures (not to exceed two hundred (200) square feet), and other similar types of construction. Does not include garages or habitable structures.

ALL APPLICANTS MUST BE 22 YEARS OF AGE OR OLDER

Okaloosa County requires applicants for State Registered or Local Specialty Licenses to appear before the appropriate competency Board for approval prior to testing.

Information Enclosed with Packet:

1. Board Dates and Deadlines
2. Credit Reporting Agency Approved List
3. Application for Board Approval Affidavit
4. Two (2) Year Contractor Experience Affidavit
5. Employment History Affidavit
6. Acknowledgement of Exam/Licensure Deadline Affidavit
7. Business & Law Book List
8. Board Application Directions

Items required before Board appearance can be granted:

- ___ Credit Report** on yourself from a Department of Business and Professional Regulation approved credit report agency (list enclosed in packet);
- ___ Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable;
- ___ Application for Board Approval Affidavit;
- ___ Two (2) Year Contractor Experience Affidavit;
- ___ Employment History Affidavit;
- ___ Acknowledgement of Exam/Licensure Deadline Affidavit;
- ___ Copy of Driver License;
- ___ **\$25** Board Processing fee (cash, check, money order, MasterCard, Visa or Discover credit/debit cards*) *additional fees applied to credit/debit payments

Credit reports must be mailed directly to Okaloosa County Department of Growth Management from the credit agency. **NOTE: Emailed credit reports will be accepted as long as they are sent directly from the credit reporting agency and can be verified. **PLEASE BE ADVISED:** If the credit report is submitted along with the required documents, **THE ENVELOPE MUST BE SEALED.** If the envelope is opened, the credit report **WILL NOT** be accepted from the applicant.

If you are interested in obtaining your State Certified license, please call the Department of Business & Professional Regulation at **(850) 478-1395** or visit: www.myfloridalicense.com for information.

1250 N. Eglin Parkway, Suite 301, Shalimar, FL 32579
812 E. James Lee Blvd, Crestview, FL 32539
(850) 651-7526

Okaloosa County

2 Years Experience Affidavit

Applicant Name: _____ DOB ____/____/____

Address: _____

City _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Work) _____

Place a check by one of the following trades that you are applying to become licensed in:

- _____ Exterior Applications Contractor (please mark each type of work in which applying for)
 - _____ Siding Windows & Doors
 - _____ Exterior Surface Coating (Stucco)
 - _____ Masonry
 - _____ Hurricane Protection (Shutters)
 - _____ Garage Door
- _____ House Moving Contractor
- _____ Landscape Structure Contractor
- _____ Sign Contractor (Non-Electrical)
- _____ Demolition Contractor
- _____ Irrigation Sprinkler Contractor
- _____ Gas Contractor

For the purpose of experience requirements, applicant must have two (2) years of proven work experience in the field of which they are applying, per Okaloosa County Ordinance 07-32.

Educational Credit: A Bachelor's degree in a related field from an accredited institution shall be equal to three (3) years experience; a Bachelor's degree in a non-related field shall be equal to two (2) years experience; an Associates degree in related field from an accredited institution shall be equal to one (1) year of experience per Ordinance 07-32, Section 3-3. Eligibility, Licensure by Examination.

A copy of official college transcripts/diplomas must accompany this application

License Applying For	Licensed Individuals Authorized to sign Experience Affidavit
House Moving	Moving Contractor, General, Building or Residential Contractor or Building Official
Exterior Application	Exterior Application Contractor, General, Building or Residential Contractor or Building Official
Landscape Structure	Landscape Structure Contractor, General, Building or Residential Contractor or Building Official
Sign (Non-Electrical)	Sign Contractor, General, Building or Residential Contractor or Building Official
Demolition	Demolition Contractor, General, Building or Residential Contractor or Building Official
Irrigation/Sprinkler	Irrigation/Sprinkler, Plumbing, General, Building or Residential Contractor or Building Official
Gas	Gas, Plumbing, General, Building or Residential Contractor or Building Official

NOTE: MISREPRESENTATION OF INFORMATION ON THIS APPLICATION MAY RESULT IN DENIAL OF THIS APPLICATION. I understand DIRECT KNOWLEDGE does NOT mean I am relying on a statement from the applicant that he/she has met the requirements. Furthermore, knowingly providing false or misleading information and/or committing forgery may be subject to criminal penalties, including, but not limited to those set forth in chapter 817, Florida Statutes and chapter 831, Florida Statutes.

-----**VERIFICATION INFORMATION**-----
THIS SECTION TO BE COMPLETED BY PERSON VERIFYING EXPERIENCE

This is to verify that the applicant has two (2) years of proven experience in the field they are applying for.

Print Name of Contractor Verifying Experience

Signature

Address

State License #

Telephone Number

I certify that the above information is true and correct this _____ day of _____ 20____.

Signature of person verifying experience

I further acknowledge that I have not knowingly provided false or provided false or misleading information.

STATE OF: _____ COUNTY OF: _____

The above license holder, whose name is _____, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this ____ day of _____ 20 ____.

Notary's Signature

My Commission Expires

PLUMBING, MECHANICAL & CONSTRUCTION BOARD DATES FOR 2018

Board	Board Meeting date	Applicant's deadline before Board meeting	Agenda's Due
Plumbing - 9am Mechanical - 10am Construction - 3pm	January 31, 2018	January 17, 2018	January 24, 2018
Plumbing - 9am Mechanical - 10 am Construction - 3pm	March 28, 2018	March 14, 2018	March 21, 2018
Plumbing - 9am Mechanical - 10am Construction - 3pm	May 30, 2018	May 16, 2018	May 23, 2018
Plumbing - 9am Mechanical - 10am Construction - 3pm	July 25, 2018	July 11, 2018	July 18, 2018
Plumbing - 9am Mechanical - 10am Construction - 3pm	September 26, 2018	September 12, 2018	September 19, 2018
Plumbing - 9am Mechanical - 10am Construction - 3pm	November 14, 2018	October 31, 2018	November 7, 2018

ELECTRICAL BOARD DATES FOR 2018

Board	Board Meeting date	Applicant's deadline before Board meeting	Agenda's Due
Electrical - 3pm	January 4, 2018	December 14, 2017	December 21, 2017
Electrical - 3pm	February 1, 2018	January 18, 2018	January 25, 2018
Electrical - 3pm	March 1, 2018	February 15, 2018	February 22, 2018
Electrical - 3pm	April 5, 2018	March 22, 2018	March 29, 2018
Electrical - 3pm	May 3, 2018	April 19, 2018	April 26, 2018
Electrical - 3pm	June 7, 2018	May 24, 2018	May 31, 2018
Electrical - 3pm	July 5, 2018	June 21, 2018	June 28, 2018
Electrical - 3pm	August 2, 2018	July 19, 2018	July 26, 2018
Electrical - 3pm	September 6, 2018	August 23, 2018	August 30, 2018
Electrical - 3pm	October 4, 2018	September 20, 2018	September 27, 2018
Electrical - 3pm	November 1, 2018	October 18, 2018	October 25, 2018
Electrical - 3pm	December 6, 2018	November 15, 2018	November 29, 2018



Department of Growth Management

Acknowledgement of Exam/Licensure Deadlines

Per Okaloosa County Construction Ordinance 07-32, Section 3-3 and Okaloosa County Electrical Ordinance 07-48, Section 3-3. Eligibility, Licensure by Examination:

From the date of Board approval, an applicant shall have one (1) calendar year to have taken and scored a grade of at least seventy-five percent (75%) or above on the Standard Business and Law Exam and on an examination in the particular field for which the application is being made; to be prepared, proctored and graded by the approved testing agency. When the passing score is achieved the applicant shall proceed with application for State licensure. Upon receipt of a State license the applicant shall provide to the Department of Growth Management, the State License, business tax receipt, proof of general liability insurance, worker's compensation exemption/insurance and a hold harmless agreement to obtain a Certificate of Competency. The Department shall issue the Certificate of Competency when the above mentioned documentation is provided and all fees are paid in full.

If an applicant fails to take the exam within the one (1) calendar year after Board approval, then the applicant will be required to reapply to the appropriate Board for re-approval.

Per Okaloosa County Construction Ordinance 07-32, Section 3-12 and Okaloosa County Electrical Ordinance 07-48, Section 3-11. Undeclared Exam Applicants:

Applicants must declare "active" status in Okaloosa County within twelve (12) months from date of notification of passing the examination. If active status is not declared within one (1) year from the date of the original notice, the applicant must appear before the Board for approval to retake the examination.

By signing this affidavit, I understand that I will have one (1) calendar year from the date of Board approval to take and pass the appropriate exams. I further acknowledge that if I fail to complete the requirements, I will be required to reapply as a new applicant in order to obtain re-approval.

I understand once I have passed the required exams, I have twelve (12) months from the exam notification date from the Growth Management Department to declare "active" status in Okaloosa County.

Applicant's Signature

Date Signed

NOTARY INFORMATION:

State of _____ County of _____

The above applicant, whose name is _____
personally appeared before me and is known by me OR has produced the following
identification _____
on this ____ day of _____, 20_____.

Notary's Signature

Commission Expires

SEAL:

**OKALOOSA COUNTY DEPARTMENT OF GROWTH MANAGEMENT
APPLICATION FOR COMPETENCY BOARD APPROVAL**

APPLICANT'S NAME: _____ DOB: ___/___/___

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

WORK PHONE: (____) _____ HOME PHONE: (____) _____

MOBILE PHONE: (____) _____ FAX: (____) _____

EMAIL ADDRESS: _____

TYPE OF TRADE: _____

____ Credit Report for Applicant

____ Work History Affidavit

____ Experience Affidavit for Applicant

____ **\$25** fee

Receipt No: _____ Total Paid: _____ Staff Initials _____

____ Have you ever been convicted of a felony?
YES or NO

____ Have you ever been party to an entity that has been in any form of the construction business?
YES or NO

If "yes", please state the name(s) of all entities with which you are or have been associated:

____ Have you ever had a court judgment rendered against you that remains unsatisfied?
YES or NO

____ Have you ever filed for bankruptcy protection in any state?
YES or NO

____ Have you ever lost any license due to failure of the licensee to pay any debt, or failure to abide by the requirements of the license?
YES or NO

If you answer "yes" to any of the above three (3) questions, please attach an explanation.

____ If applying for Class A, Class B or Master Mechanical license, do you currently hold an EPA card allowing you to handle refrigerants?

____ If you have done business in any form of construction or building in any other state, please disclose the state or states in which you were involved:

____ Drivers License

Affidavit of Applicant: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief.

Applicant's Signature

Date Signed

NOTARY STATE OF _____, COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____ By _____

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

Notary Signature _____

SEAL:

OFFICE USE ONLY

MEETING DATE: _____

MOTION MADE BY: _____ SECONDED BY: _____

VOTE: _____



Prov
 13614 Progress Blvd
 Alachua FL 32615-9496
 Telephone: (866) 720-7768

Website: arkiv.provexam.com

You have received this email in response to your request for Exam Information for Okaloosa County. The information below describes the examination you expressed interest in taking. To receive more general information about the testing program, you may click on the "Candidate Information Bulletin" link below to download a candidate bulletin that provides more detailed information about the testing rules and processes.

[Candidate Information Bulletin.](#)

Business and Law

Number of Questions	50
Time allowed (hours)	2
Subject Area	# Quest.
Business Organization	2
Licensing	3
Lien laws	2
Tax Laws	5
Safety OSHA	3
Labor Laws	8
Contract Management	9
Project Management	6
Estimating & Bidding	4
Financial Management	5
Risk Management	3

References

FLORIDA - NASCLA Contractors Guide to Business, Law and Project Management , 1st. ISBN: 1-934234-92-3 OR 978-1-934234-92-1. NASCLA, 23309 N. 17th Drive, Building 1, Unit 110, Phoenix, AZ 85027. Available at www.nascla.org or www.provbookstore.com. Please note, the Florida Business and Law Study Guide for Contractors (published by Prov) is permitted as a substitute.

FLORIDA CONSTRUCTION INDUSTRY LICENSING BOARD

Credit Reporting Agencies – For Reference Only

(This listing is **not all inclusive**. You may submit credit reports from agencies not included on this list, so long as they meet the criteria listed in 61G4-12.011(12), Florida Administrative Code.)

DBPR cannot recommend or endorse a particular credit reporting agency. The list provided below includes the agencies that we are aware of that currently meet the Board's reporting requirements. It is provided solely as a courtesy to assist you in locating resources. The Department specifically disclaims any responsibility for the quality or cost of services provided by the agencies listed below.

Note to Applicants: Effective April 10, 2012, personal credit reports must contain a FICO derived credit score to meet application requirements. It is the applicant's responsibility to ensure the credit reporting agency includes the FICO derived score on the credit report submitted to DBPR.

1st United CRS dba

www.unitedcrs.com
PH 239.206.1049
PH 850.539.8000
PH 215.501.7224

A & A Credit Corp.

AAA Advantage Credit Services

PH 877.296.4600

API Processing - Licensing, Inc.

www.apiprocessing.com
PH 954.567.0013
PH 800.947.6939

Associated Credit Reporting, Inc.

www.associatedcreditreporting.com
PH 754.216.0025
PH 800.676.7640 (ext. 201)

AVS Screening

PH 850.862.2134

Background Research, Inc.

CBJ Associates Inc.

PH 904.723.5533

Check Mate

PH 941.366.1819

Contractor Licensing Inc.

Contractors Reporting Service

PH 800.487.2084

Credit Bureau of Escambia County

Credit Bureau Services, Inc.

dba www.elicensereport.com
PH 954.561.1400

Credit, Business, & License Solutions dba

www.dbprcreditreport.com
PH 800.600.2155

Credit Check, Inc.

www.creditcheckinc.com
PH 561.616.5556
TOLL FREE 877.616.5556

Credit Plus, Inc.

PH 818.331.1048

Credit Profile & Security Corp.

Credit Search

PH 561.791.9458

Dragnet Credit & Tenant Screening

PH 386.676.7733

Licenses, Etc.

www.licensesetc.com
PH 239.777.1028
PH 954.573.2700

License Exam Services LLC

PH 941.706.2336

Lumbermen's dba

www.FloridaCreditReports.com
PH 954.771.2100
PH 813.358.7633
PH 407.956.2237
TOLL FREE 800.496.4826

MacData Inc.

Merchant's Association

Merit Credit

www.meritcreditservices.com
PH 239.277.3202
TOLL FREE 800.371.3348

NACM Tampa Inc.

Contact: Cassie Thomas
cthomas@nacmtampa.com
PH 800.352.5882, Ext 292

NACM South Atlantic

www.nacmsouthatlantic.com
PH 407.299.7491, Ext 115
TOLL FREE 800.393.6226

National Research Group

PH 941.488.8500

Network Credit Services

PH 813.685.5678

Premium Credit Bureau

PH 305.468.1560

Supreme Credit Information Services

www.supremebureau@comcast.net
PH 786.266.1407
FAX 305.665.3315

USA Credit Bureau

PH 888.474.2270

Updated: 1/18/18



Okaloosa County Department of Growth Management Licensing Department

Local Specialty Contractor Board Application Directions

This is to assist you in completing your application to appear before the Construction Competency Board in obtaining approval for testing and Okaloosa County Competency Card:

Application for Competency Board Approval Affidavit #51-0707:

- a. Complete Name, date of birth, address, phone/fax numbers, email address and type of trade applying for (i.e. Residential Contractor, Roofing Contractor, Electrical Contractor, etc.);
- b. Circle 'Yes' or 'No' for each of the questions listed on the form.
 1. If answer '**yes**' to felony, you will be required to provide the following:
 - a. Date of offense;
 - b. Type of offense charged with;
 - c. Time Served, if any;
 - d. Complete description of charge'
 - e. State felony was in;
 2. If answer '**yes**' to judgment, you will be required to provide the following:
 - f. Proof that judgment has been satisfied;
 - g. Proof payment plan is in place;
 3. If answer '**yes**' to bankruptcy, you will be required to provide the following:
 - h. Provide copy of Discharge of Bankruptcy;
 4. If answer '**yes**' to loss of license due to debt or license requirements, you will be required to provide:
 - i. Written explanation
- c. Applicant must sign form and his/her signature must be notarized.

Credit Report:

The report must be provided from one of the agencies listed on the Credit Reporting Agency Approved List. The credit report can be submitted as follows:

1. Mailed from the credit reporting agency to:
Okaloosa County Dept. of Growth Mgmt.
812 E. James Lee Blvd
Crestview, FL 32539
2. By applicant at the time packet is submitted; Envelope MUST be sealed;
3. Emailed from the credit reporting agency to: rlucas@myokaloosa.com

Proof of Satisfaction of Liens, Judgment or Discharge of Bankruptcy, if applicable:

Applicant will be required to submit proof that all liens or judgments have been satisfied or payment plan is in place or provide a copy of the discharge of bankruptcy

Two (2) Year Experience Affidavits #53-0707:

1. Complete Name, Address, Contact Numbers and Date of Birth;
2. Mark the trade in which you are applying for;

NOTE: If you are applying for an Exterior Applications license, you need to mark all the areas that apply to the work you intend to work in. If you are only applying for Stucco (Exterior Application) then only mark stucco; If you are applying for Siding Windows and Doors including garage doors and Hurricane Shutters (Exterior Applications) then mark all that apply;

If applicant using a Bachelor's Degree, it must be issued by an accredited college/university

A licensed contractor* who holds a current and active state license in the fields listed must sign the affidavit and their signature must be notarized.

*If the contractor signing the affidavit is licensed outside of the State of Florida, please make him/her aware that Licensing Staff will be contacting them as required by the Competency Boards

Work History Affidavit #52-0707:

1. Complete your name, address and contact number(s);
2. Complete employer/company name;
3. Complete position held with company;
4. Complete length of time employed showing starting (month/year) and ending or current (month/year)
5. Type of work/duties performed – please be as descriptive as possible. May use additional paper if needed.
6. Signature of Applicant must be notarized;

Acknowledgement of Exam/Licensure Deadline Affidavit #57-0913:

Applicant must sign affidavit and his/her signature must be notarized

NOTE: All forms submitted must be an original.

OKALOOSA COUNTY
Work History Affidavit

Name of Applicant _____

Home Address _____

Home Phone _____ Work Phone _____ Mobile Phone _____

WORK EXPERIENCE:

Must be listed in chronological order, starting with the most current employment. You may attach additional sheets if necessary in order to give complete and detailed information.

ALL RELEVANT EXPERIENCE IN THE FIELD IN WHICH YOU ARE APPLYING FOR MUST BE SHOWN AND MUST BE LEGIBLE.

EMPLOYER _____ YOUR TITLE _____
EMPLOYER ADDRESS _____
START DATE (Month/Year) ___/___/___ END DATE (Month/Year) ___/___/___ SUPERVISOR'S NAME _____
YOUR SPECIFIC DUTIES _____

EMPLOYER _____ YOUR TITLE _____
EMPLOYER ADDRESS _____
START DATE (Month/Year) ___/___/___ END DATE (Month/Year) ___/___/___ SUPERVISOR'S NAME _____
YOUR SPECIFIC DUTIES _____

EMPLOYER _____ YOUR TITLE _____
EMPLOYER ADDRESS _____
START DATE (Month/Year) ___/___/___ END DATE (Month/Year) ___/___/___ SUPERVISOR'S NAME _____
YOUR SPECIFIC DUTIES _____

EMPLOYER _____ YOUR TITLE _____
EMPLOYER ADDRESS _____
START DATE (Month/Year) ___/___/___ END DATE (Month/Year) ___/___/___ SUPERVISOR'S NAME _____
YOUR SPECIFIC DUTIES _____

EMPLOYER _____ YOUR TITLE _____
EMPLOYER ADDRESS _____
START DATE (Month/Year) ___/___/___ END DATE (Month/Year) ___/___/___ SUPERVISOR'S NAME _____
YOUR SPECIFIC DUTIES _____

EMPLOYER _____ YOUR TITLE _____
EMPLOYER ADDRESS _____
START DATE (Month/Year) ___/___/___ END DATE (Month/Year) ___/___/___ SUPERVISOR'S NAME _____
YOUR SPECIFIC DUTIES _____

Applicant Signature _____ **Date** _____

STATE OF _____ **COUNTY OF** _____

The foregoing document was acknowledged before me this _____ day of _____, 20____

By _____

Who is personally known by me or produced the following identification _____

Signature of Notary Public

SEAL: