

State of Florida
Department of Business and Professional Regulation
Building Code Administrators and Inspectors Board
Application for Initial Certification by Examination or Endorsement- Inspectors and Plans
Examiners
Form # DBPR BCAIB 1

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION REQUIREMENTS
<p>ALL License Applicants must submit:</p> <p><input type="checkbox"/> Fees:</p> <ul style="list-style-type: none"> • Applicants employed by local governments - \$5 unlicensed activity fee. • All other applicants - \$101.25, broken down as follows: <ul style="list-style-type: none"> ▪ \$25 application fee ▪ \$25 certification fee ▪ \$46.25 examination fee ▪ \$5 unlicensed activity fee • Make check payable to the Florida Department of Business and Professional Regulation. <p><input type="checkbox"/> Official transcripts from colleges or universities, if using education as part of experience requirement.</p> <p><input type="checkbox"/> Copy of current, active (Florida) firesafety inspector license if applying by completing a cross-training program and by holding a firesafety inspector license.</p> <p><input type="checkbox"/> Copy of documentation demonstrating satisfactory completion of a Board approved cross-training or training program.</p> <p><input type="checkbox"/> Supporting legal documentation, or copies of charges or disciplinary record, if necessary. See Sections 2(e-g) of Instructions.</p> <p><input type="checkbox"/> If you are applying by endorsement, submit a copy of the exam passing certificate with your application.</p> <p><input type="checkbox"/> If affiant of your work experience is not Florida licensed, submit a copy of affiant's license from issuing authority.</p> <p><input type="checkbox"/> If you are seeking your first standard license by possessing 2 years' experience in the field of construction, building code inspection, plan review, fire plans review of new building as a firesafety inspector by completing a board-approved cross-training program, affidavits of work experience are not required to be submitted with your application to the Department.</p>

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783

WORK EXPERIENCE
<p>Work experience detail is often too general and is missing hands-on experience. The person certifying your experience (affiant) should be specific when explaining your duties and actual hands on experience. In order to process your application more quickly, and not have your application returned to you, describe work experience in detail including hands-on, supervisory or management responsibilities. If affiant of your work experience is not Florida licensed, submit a copy of affiant's license from issuing authority.</p>

Instructions

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.

1. General Requirements for Certification by Examination:

If you are applying for **Certification by Examination or Endorsement as an Inspector or Plans Examiner**, in order to qualify for licensure, you must prove a minimum of five (5) years of either construction and/or inspection experience in the category sought, or demonstrate a combination of post-secondary education and experience which totals five (5) years. For example, for a mechanical plans examiner license, you must provide proof of five (5) years of experience conducting mechanical inspections/plan review and/or working for/as a mechanical contractor.

If you are seeking a standard license by completing a board-approved cross-training program, you must currently hold a standard license from this board or a firesafety inspector license pursuant to Chapter 633, F.S., you must verify three (3) separate years of experience in inspection or plan review, and you must provide proof of completion of the cross-training program in the licensure category sought. **[cross-training program]**

If you are seeking your first standard license and possess two (2) years' experience in the field of construction, building code inspection, plan review, fire plans review of new buildings as a firesafety inspector by completing a board-approved training program, you must provide proof of completion of the 300 hour training program in the licensure category sought. **Affidavits of work experience are not required to be submitted with your application to the Department for this licensure method. [training program]**

If you are seeking an additional certification, except for one and two family dwelling inspector, and you currently hold certifications issued by the board or a firesafety inspector license pursuant to Chapter 633, F.S., with five (5) years' experience by completing a board approved training program of 300 hours, you must provide proof of completion of the training program in the license category sought. **[training program]**

If you are seeking a one and two family dwelling inspector certification **and** you have five (5) years of verifiable experience **and** you hold at least one standard certification issued by the board, you may qualify by submitting a course completion certificate from a board-approved training program provider which verifies completion of a program of 500 hours. If you are a firesafety inspector licensed pursuant to Chapter 633, F.S., who has at least five (5) years of verifiable experience, you may qualify for a one and two dwelling inspector certification by submitting a course completion certificate from a board-approved training program provider which verifies completion of a program of 800 training hours. **[training program]**

If you are licensed by the Building Code Administrators and Inspectors Board, you have maintained an active license, continuous employment and continuing education, you will not be required to take the Florida Principles and Practice examination again in order to receive a license or add an additional category of licensure.

2. Application Instructions (by section)

a. Section I- Application Type (Certification by Exam or Certification by Endorsement)

- i. Check only one application type. Applicant must submit a separate application for each category of licensure sought.

b. Section II- Applicant Personal Information

- i. Fill out each section completely. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
- ii. In the Full Legal Name section provide your full legal name as it appears on your Social Security card. Do not use any nicknames or initials. Please list any aliases or prior names in the prior name information section.
- iii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- iv. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding

applications will be mailed to the applicant's mailing address and may take longer to resolve.

- v. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
 - vi. Applicants must provide information on current or prior licenses held in Florida or any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.
 - vii. Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant's legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.
- c. Section III- Employment History**
- i. Make sure that you clearly describe your work experience on the application form. Each section must be filled out completely. If you do not have enough space to list all of your experience history, you may submit additional copies of that section as necessary.
 - ii. If you were issued a **Provisional Certificate** for the examination category for which you are applying on or after **November 30, 2011** you are exempt from the Employment History and Education portions of this application.
- d. Section IV- Education**
- i. List your educational history, if applicable.
 - ii. If you intend to use any post-secondary education to qualify for the examination, you must have your college/university forward an official transcript to the Central Intake Unit for consideration.
- e. Section V- Background Information**
- i. Applicants must submit answers to each of the background questions.
 - ii. For each "Yes" answer the person must provide an explanation in Section VI or VII, as applicable.
- f. Section VI- Explanation for Background Question 1**
- i. For this section, provide as much detail as possible.
 - ii. Question 1:
If you answer "yes" to this question, you must complete Section VI [make additional copies as necessary] of the application please provide the full details of the criminal charges including dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending. If you answer NO to this question because you believe that previous incidents have been dismissed, no action taken, nolle prossed, or expunged, you may be asked to supply documentation as proof of the disposition.
- g. Section VII- Explanation for Background Questions 2-4**
- i. For this section, provide as much detail as possible.
 - ii. Question 2:
If you answer "yes" to this question, you must complete Section VII [make additional copies as necessary] of the application and provide a copy of the judgment or decree. You must also supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
 - iii. Question 3:
If you answer "yes" to this question, you must complete Section VII [make additional copies as necessary] of the application and supply copies of documentation explaining the denial or pending action.
 - iv. Question 4:
If you answer "yes" to this question, you must complete Section VII [make additional copies as necessary] of the application and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.
- h. Section VIII- Work Experience**
- i. Please use the Work Experience form to document your work experience. The experience detail must be completed by the licensed building code administrator, licensed contractor, licensed fire marshal, licensed architect or licensed engineer who has knowledge of your duties.
 - ii. Be sure to list your current employer on the application. You must submit experience detail verifying your current position with the city/county.
 - iii. Work experience detail is often too general and is missing hands-on experience. The person certifying ([affiant](#)) your experience should be specific when explaining your duties

and actual hands on experience. In order to process your application more quickly, and not have your application returned to you, describe work experience in detail including hands-on, supervisory or management responsibilities. [If affiant of your work experience is not Florida licensed, submit a copy of affiant's license from issuing authority.](#)

i. Section X- Affirmation by Written Declaration

- i. Applicant must sign the Affirmation by Written Declaration.

3. Exam Information

a. Technical Examination:

The technical examinations are only offered via computer-based testing. The exam will be administered by Pearson VUE on the date and location of your choice. ICC is responsible for conducting reviews for those individuals that fail the examination(s). For those individuals that pass the technical portion of the examination, ICC will send you a certificate as per their usual procedures. This certificate in no way indicates or implies that you are licensed by the Building Code Administrators and Inspectors Board. The Department will officially notify you when a standard license has been issued. If you are requesting an additional category, the website will be updated once the category has been added.

b. Florida Principles and Practice (P&P) Examination

In addition to the technical examination, applicants are required to pass the Florida Principles and Practice (P&P) examination before a new license can be issued. There is one P&P examination for all categories (i.e. inspector, plans examiner, building code administrator). This examination will take approximately two and one-half hours to complete. Please refer to the Candidate Information Booklet for additional information concerning this examination. To obtain reference material for this exam, you may contact the areas listed in the Candidate Information Booklet or contact the Building Officials Association of Florida at [407.804.1001](tel:407.804.1001). The P&P examination is given daily at various locations and is a computer-based examination. Site information and the dates of the examination will be given to the applicant once the applicant has been approved to take the examination.

The same topics covered in the P&P examinations are also covered in the Modular examinations. Therefore, any applicant taking the Modular Inspector or Modular Plans Examiner examination will be exempt from taking the P&P examination. This exemption is **ONLY** for the Modular examinations. Applicants taking any other examinations will be required to pass the Florida Principles & Practice examination.

- c.** Once you have passed the required examination, submit a copy of the passing certificate to the Department at the address listed on page 1 or via fax delivery to 850.488.8040.

4. Required Fees

Fee Type	City/County Employees	All Others
Certification Fee	N/A	\$25 per category
Application Fee	N/A	\$25
Examination Fee	N/A	\$46.25
Unlicensed Activity Fee	\$5	\$5

QUALIFICATION FOR CERTIFICATION	
Please check ONE box	The experience and education submitted should demonstrate one of the following methods of qualification. PLEASE SELECT ONE OF THE FOLLOWING METHODS OF QUALIFICATION BY INDICATING YOUR SELECTION IN THE APPROPRIATE CHECK BOX.
<input type="checkbox"/>	Demonstrates five (5) years combined experience in the field of construction or a related field, building code inspection, or plans review corresponding to the certification category sought. 468.609(2)(c)(1), F.S.
<input type="checkbox"/>	Demonstrates a combination of postsecondary education in the field of construction, building experience which totals four (4) years, with at least one (1) year of such total being experience in construction, building code inspection, or plans review. 468.609(2)(c)(2), F.S.
<input type="checkbox"/>	Demonstrates a combination of technical education in the field of construction or a related field and experience which totals four (4) years, with at least one (1) year of such total being experience in construction, building code inspection, or plans review. 468.609(2)(c)(3), F.S.
<input type="checkbox"/>	Currently holds a standard certificate issued by the board or a firesafety inspector license issued pursuant to Chapter 633, F.S., has a minimum of three (3) years of verifiable experience in inspection or plan review, and satisfactorily completes a building code inspector or plans examiner cross-training program that provides at least two hundred (200) hours of training in the certification category sought. 468.609(2)(c)(4), F.S. [cross-training program]
<input type="checkbox"/>	Demonstrates a combination of the completion of an approved training program of at least three hundred (300) hours of training in the field of building code inspection or plan review and a minimum of two (2) years' experience in the field of building code inspection, plan review, fire code inspection and fire plans review of new buildings as a firesafety inspector certified under Section 633.081(2), F.S., or construction. 468.609(2)(c)(5), F.S. [training program]
<input type="checkbox"/>	Currently holds a standard certificate issued by the board or a firesafety inspector license issued pursuant to Chapter 633, F.S., has at least five (5) years of verifiable experience as an inspector or plans examiner in a standard certification category currently held or has a minimum of five (5) years verifiable experience as a firesafety inspector licensed pursuant to Chapter 633, F.S., and has completed a building code inspector or plans examiner classroom training course or program that provides at least three hundred (300) hours in the certification category sought, except for one and two family dwelling training programs which must provide at least five hundred (500) hours, but not more than eight hundred (800) hours of training as prescribed by the board. 468.609(2)(c)(6), F.S. [training program]
<p>Meets eligibility requirements for certification as a one and two family dwelling inspector as set forth in Rule 61G19-6.017, Florida Administrative Code.</p> <p>a. Five years' experience as a registered or certified state general, building, or residential contractor in a supervisory capacity that included operational control and direction of building, mechanical, electrical, and plumbing personnel or subcontractors on residential projects; or</p> <p>b. Five years' experience as a job superintendent or project manager in a supervisory capacity that included operational control and direction of building, mechanical, electrical, and plumbing personnel or subcontractors on residential projects; or</p> <p>c. Five years' experience including two years of hands-on electrical experience, two years of hands-on building experience, and one year of hands-on experience in either mechanical or plumbing; or</p> <p>d. Standard certification as an inspector in any of the categories listed in Section 468.603(6), F.S., plus at least six months' hands-on experience in each of the following areas in which the applicant does not hold standard certification: building, plumbing, electrical, and mechanical; or</p> <p>e. A combination of postsecondary education in the field of construction or a related field and experience in the category sought which totals four years, with at least one year of such total being experience in the category sought in construction, building code inspection, or plans review; or</p> <p>f. A combination of technical education in the field of construction or a related field and experience in the category sought which totals four years, with at least one year of such total being experience in the category sought in construction, building code inspection, or plans review; or</p> <p>g. Standard certification as an inspector in any of the categories listed in Section 468.603(6), F.S., plus satisfactory completion of a one and two family inspector training program of not less than 500 hours. [training program]</p> <p>h. Standard certificate/license as a firesafety inspector issued pursuant to Chapter 633, F.S., with five years verifiable full-time experience conducting firesafety inspections plus satisfactory completion of a one and two family dwelling inspector training program of not less than 800 hours. [training program]</p>	

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For additional information see the Instructions at the end of this application.

Section I – Application Type

CHECK TRANSACTION REQUESTED							
<input type="checkbox"/> Initial Certification by Examination	<input type="checkbox"/> Initial Certification by Endorsement						
CHECK EXAMINATION CATEGORY (only one category may be selected per application)							
<p style="text-align: center;">Inspector Categories</p> <input type="checkbox"/> Building <input type="checkbox"/> Mechanical <input type="checkbox"/> Coastal Construction <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> One and Two Family Dwelling	<p style="text-align: center;">Plans Examiner Categories</p> <input type="checkbox"/> Building Plans <input type="checkbox"/> Mechanical Plans <input type="checkbox"/> Plumbing Plans <input type="checkbox"/> Electrical Plans						
VOLUNTARY CATEGORIES							
<p>Qualification requirements for Voluntary Categories may be found in Rule 61G19-6.016, Florida Administrative Code.</p> <p>Check the appropriate box:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Modular Inspector</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Roofing Inspector</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Modular Plans Examiner</td> <td style="padding: 2px;"><input type="checkbox"/> Commercial Pool Inspector (no exam available)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> One & Two Family Dwelling Plans Examiner (no exam required)</td> <td style="padding: 2px;"><input type="checkbox"/> Residential Pool Inspector (no exam available)</td> </tr> </table>		<input type="checkbox"/> Modular Inspector	<input type="checkbox"/> Roofing Inspector	<input type="checkbox"/> Modular Plans Examiner	<input type="checkbox"/> Commercial Pool Inspector (no exam available)	<input type="checkbox"/> One & Two Family Dwelling Plans Examiner (no exam required)	<input type="checkbox"/> Residential Pool Inspector (no exam available)
<input type="checkbox"/> Modular Inspector	<input type="checkbox"/> Roofing Inspector						
<input type="checkbox"/> Modular Plans Examiner	<input type="checkbox"/> Commercial Pool Inspector (no exam available)						
<input type="checkbox"/> One & Two Family Dwelling Plans Examiner (no exam required)	<input type="checkbox"/> Residential Pool Inspector (no exam available)						
SPECIAL TESTING ACCOMMODATIONS							
<p>If you require special testing accommodations due to disability or if you have a religious conflict with the scheduled examination date, please contact the Bureau of Education and Testing immediately at 850.488.5952 for detailed information.</p>							
EXAMINATION HISTORY							
<p>Have you ever taken and passed the Florida Principles & Practice examination? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date you passed the Florida Principles & Practice examination: (mm/dd/yyyy) ____ / ____ / ____</p>							
LOCAL GOVERNMENT EMPLOYEES							
<p>Applicants employed by local governments may apply to take the certification examination for a fee of \$5. To qualify for the fee reduction local government employees must provide Work Experience showing current employment with a local government agency that is signed by the building code administrator.</p>							

Section II – Applicant Personal Information

PERSONAL INFORMATION				
Social Security Number*				
FULL LEGAL NAME				
Last Name	First	Middle	Suffix	
Birth Date (MM/DD/YYYY) / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
MAILING ADDRESS				
Do you wish to mark your address private, pursuant to Section 119.071(4), Florida Statutes? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
ADDITIONAL CONTACT INFORMATION (OPTIONAL)				
Alternate Phone Number		Fax Number		
Alternate E-Mail Address				
CURRENT/PRIOR LICENSE INFORMATION				
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):				
1. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
2. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
3. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
PRIOR NAME INFORMATION				
Have you used, been known as, or are currently known by another name (example - maiden name, nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If your answer is yes, state name or names used below:				
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Section III- Employment History

If you were issued a provisional certificate for the category for which you are applying for on or after **November 30, 2011** you can skip this section. The Employment History and Education portions of this application are on file with the Department. **If you qualify for this exemption; check here:**

EMPLOYMENT HISTORY	
1. Employer Name and Address:	
Dates employed (mm/yyyy to mm/yyyy):	
Employer Phone Number:	
Employer License Number:	Email:
Contact:	Applicant's Title or Position:
2. Employer Name and Address:	
Dates employed (mm/yyyy to mm/yyyy):	
Employer Phone Number:	
Employer License Number:	Email:
Contact:	Applicant's Title or Position:
3. Employer Name and Address:	
Dates employed (mm/yyyy to mm/yyyy):	
Employer Phone Number:	
Employer License Number:	Email:
Contact:	Applicant's Title or Position:
4. Employer Name and Address:	
Dates employed (mm/yyyy to mm/yyyy):	
Employer Phone Number:	
Employer License Number:	Email:
Contact:	Applicant's Title or Position:
5. Employer Name and Address:	
Dates employed (mm/yyyy to mm/yyyy):	
Employer Phone Number:	
Employer License Number:	Email:
Contact:	Applicant's Title or Position:
6. Employer Name and Address:	
Dates employed (mm/yyyy to mm/yyyy):	
Employer Phone Number:	
Employer License Number:	Email:
Contact:	Applicant's Title or Position:

Section IV– Education

EDUCATION	
1. School Name and Address:	Dates attended (mm/yyyy to mm/yyyy):
	Certificate/Degree Issued:
Course of Study:	Class/Semester Hours Completed:
2. School Name and Address:	Dates attended (mm/yyyy to mm/yyyy):
	Certificate/Degree Issued:
Course of Study:	Class/Semester Hours Completed:
3. School Name and Address:	Dates attended (mm/yyyy to mm/yyyy):
	Certificate/Degree Issued:
Course of Study:	Class/Semester Hours Completed:
4. School Name and Address:	Dates attended (mm/yyyy to mm/yyyy):
	Certificate/Degree Issued:
Course of Study:	Class/Semester Hours Completed:

Section V – Background Information

BACKGROUND INFORMATION			
1.	Yes <input type="checkbox"/> (If yes, please complete Section VI)	No <input type="checkbox"/>	Have you ever been convicted or found guilty of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION WILL BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	Yes <input type="checkbox"/> (If yes, please complete Section VII)	No <input type="checkbox"/>	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraudulent or dishonest dealing, or is there any such case or investigation pending?
3.	Yes <input type="checkbox"/> (If yes, please complete Section VII)	No <input type="checkbox"/>	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	Yes <input type="checkbox"/> (If yes, please complete Section VII)	No <input type="checkbox"/>	Has any license, registration or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or withdrawn in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to any question in questions 1 – 4 above, please refer to Sections 2(e-g) of Instructions for detailed instructions on providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section VII for your response to question 1, and complete Section VII for your response to questions 2 through 4. If you have more than two offenses to document in Section VI or need additional sheets for Section VII, attach copies of those pages as necessary.

Section VI – Explanations for “Yes” answers to Question 1 – Attach additional copies as necessary

EXPLANATION		
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

EXPLANATION		
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

Section VII – Explanations for “Yes” answers to Questions 2-4 – Attach additional copies as necessary

EXPLANATION	
State/Jurisdiction:	Application Type/License Number:

Section VII continued – Explanations for “Yes” answers to Questions 2-4 – Attach additional copies as necessary

EXPLANATION	
State/Jurisdiction:	Application Type/License Number:

EXPLANATION	
State/Jurisdiction:	Application Type/License Number:

WORK EXPERIENCE
<p>Work experience detail is often too general and is missing hands-on experience. The person certifying your experience (affiant) should be specific when explaining your duties and actual hands on experience. In order to process your application more quickly, and not have your application returned to you, describe work experience in detail including hands-on, supervisory or management responsibilities. If affiant of your work experience is not Florida licensed, submit a copy of affiant's license from issuing authority.</p>

Section VIII–Work Experience

WORK EXPERIENCE		
<p>This section must be completed by an architect, engineer, contractor, fire marshal, or building code administrator, who has personal knowledge of the applicant's experience for the period of time listed below.</p>		
Instructions:		
Provide employment verification for the years of experience required for qualification for certification. Attach additional copies of this page as necessary.		
Note: Local Government Employees- To qualify for the fee reduction local government employees must provide Work Experience showing current employment with a local government agency that is signed by the building code administrator.		
Applicant Name: _____		
Employing Agency/Company Name: _____		
Agency/Company Address: _____		
Dates of employment by Agency/Company	Date (From) / /	Date (To) / /
Agency/Company Phone Number: _____		
Position of Applicant: _____		
Describe in detail the applicant's duties, including hands-on, supervisory or management responsibilities. Please be specific when explaining the applicant's duties and hands-on experience.		
I attest that the applicant named above has been employed by the agency/company in a: (Check One)		
<input type="checkbox"/> supervisory <input type="checkbox"/> managerial <input type="checkbox"/> trade position for _____ years		
Providing false or misleading information is grounds for discipline of your license under 455.227(1)(a) and (l), F.S.		
Print name of licensed architect, engineer, contractor, fire marshal or building code administrator verifying employment and experience: _____		
License number of person verifying employment and experience: _____		
Signature of person verifying employment and experience: _____		
Date: _____		

Section IX– Affirmation by Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p>	
Signature: _____	Date: _____
Print Name: _____	