

**State of Florida**  
**Department of Business and Professional Regulation**  
**Building Code Administrators and Inspectors Board**  
**Application for Reexamination**  
**Form # DBPR BCAIB 8**

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

TRANSACTION	APPLICATION REQUIREMENTS
<b>Reexamination Application</b>	<input type="checkbox"/> Pay \$21.25 fee (make check payable to the Department of Business and Professional Regulation) <b>Note:</b> This should only be completed if you are a non city/county employee. City/county employees should be able to reschedule at any time.

**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

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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**. **For additional information see the Instructions at the beginning of this application.**

**Section I – Applicant Information**

PERSONAL INFORMATION			
Social Security Number*	Phone Number:		
Last/Surname	First	Middle	Suffix
MAILING ADDRESS			
Street address or P.O. Box			
City	State	Zip Code	
County (if Florida address)	Country		
CHECK ACTION REQUESTED			
Check category:			
<b>Inspector Categories:</b>	<input type="checkbox"/> Modular	<input type="checkbox"/> Residential Mechanical Inspector	
<input type="checkbox"/> Building	<input type="checkbox"/> Coastal Construction	<input type="checkbox"/> Residential Plumbing Inspector	
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Commercial Electrical	<input type="checkbox"/> Residential Electrical Inspector	
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Roofing	<input type="checkbox"/> FL Principles & Practice Exam	
<input type="checkbox"/> Electrical	<input type="checkbox"/> Residential Building Inspector		
<b>Plans Examiner Categories:</b>	<b>Building Code Administrator Categories:</b>		
<input type="checkbox"/> Building	<input type="checkbox"/> Management		
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Legal		
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Building Codes & Standards		
<input type="checkbox"/> Electrical	<input type="checkbox"/> FL Principles & Practice		
<input type="checkbox"/> Modular			
<input type="checkbox"/> FL Principles & Practice			

\* 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 II – Reexamination Information**

SPECIAL TESTING ACCOMMODATIONS
Do you require special testing accommodations due to disability or do you have a religious conflict with the scheduled examination date? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please contact the Bureau of Education and Testing immediately at (850) 488–5952 for detailed information.

**Section III – 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. <b>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.</b></p>	
Signature:	Date:
Print Name:	