

**State of Florida**  
**Department of Business and Professional Regulation**  
**Construction Industry Licensing Board**  
**Application for Registration as a Swimming Pool Specialty Contractor Practical Examiner**  
**Form # DBPR CILB 21**

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

<b>APPLICATION REQUIREMENTS</b>
<b>ALL License Applicants must submit:</b> <input type="checkbox"/> Fees: <ul style="list-style-type: none"><li>• \$50</li><li>• Make check payable to the Florida Department of Business and Professional Regulation.</li></ul> <input type="checkbox"/> Proof of completing a CILB-approved swimming pool specialty contractor practical examiner course.

**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

**State of Florida**  
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**Application for Registration as a Swimming Pool Specialty Contractor Practical Examiner**  
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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 end of this application.**

**Section I – Application Type**

APPLICATION TYPE
<input type="checkbox"/> Swimming Pool Specialty Contractor Practical Examiner [ <b>Certified-0607/3022; Registered-0621/3022</b> ]
<p><b>Note: You must be a registered or certified commercial or residential pool/spa contractor in order to apply for this license.</b></p> <p><b>Pool/Spa Contractor License Number:</b> _____</p>

**Section II – Applicant Personal Information**

PERSONAL INFORMATION				
Social Security Number*				
FULL LEGAL NAME				
Last Name	First	Middle	Title	Suffix
Birth Date (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
MAILING ADDRESS				
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			
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City	State	Zip Code (+4 optional)		
County (if Florida address)		Country		

\*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 – Applicant Personal Information – continued**

BUSINESS LOCATION ADDRESS		
Business/Firm Name		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
ADDITIONAL CONTACT INFORMATION (OPTIONAL)		
Alternate Phone Number	Fax Number	
Alternate E-Mail Address		

**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:	



## 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 Registration

- a. In order to become licensed as a swimming pool specialty contractor practical examiner, you must be a registered or certified commercial or residential pool/spa contractor.
- b. You must also complete a CILB-approved swimming pool specialty contractor practical examiner course.

### 2. Application Instructions (by section)

#### a. Section I- Application Type

- i. Swimming Pool Specialty Contractor Practical Examiner
- ii. Provide your license number as a registered or certified commercial or residential pool/spa contractor.

#### 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. Applicants are required to provide at least one physical address – i.e., not a P.O. Box. If the mailing address is not also your physical address, please provide a physical address.
- vi. Applicants are required to provide the address of their business location.
- vii. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
- viii. 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.
- ix. 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- Affirmation by Written Declaration

- i. Applicant must sign the affirmation by written declaration.