

**INFORMATION REGARDING COMPLETION OF
REGISTRATION FOR SWIMMING POOL SPECIALTY CONTRACTOR PRACTICAL EXAMINER**

Application begins on page 2

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.

In filing an application, be certain that the application is completely filled out, that all questions are answered truthfully and that all the information requested is provided. **Please type or print in ink.**

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

TRANSACTION	APPLICATION CHECKLIST
Registration for Swimming Pool Specialty Contractor Practical Examiner	FEES: <input type="checkbox"/> Swimming Pool Specialty Contractor Practical Examiner - \$50 FORMS: <input type="checkbox"/> DBPR CILB 4372 – Swimming Pool Specialty Contractor Practical Examiner SUPPORTING DOCUMENTATION: <input type="checkbox"/> Proof of completing a CILB-approved swimming pool specialty contractor practical examiner course.

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

Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399 – 0783

www.MyFlorida.com/dbpr



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

PERSONAL INFORMATION				
Social Security Number*				
Last Name	First	Middle	Title	Suffix
Birth Date (MM/DD/YYYY) / /		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		
Race/Ethnicity (check only one):				
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Native American or Alaskan Native		
<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Spanish, Hispanic or Latino	<input type="checkbox"/> Other		
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		
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	

*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

ATTEST STATEMENT

I have read the questions in this application and have answered them completely and truthfully to the best of my knowledge.

I have successfully completed the education, if any, required for the level of licensure, registration, or certification sought.

I have the amount of experience required, if any, for the level of licensure, registration, or certification sought.

I pledge to comply with the applicable standards of practice upon licensure, registration, or certification.

I understand the types of misconduct for which disciplinary proceedings may be initiated.

Giving knowingly misleading statements or knowing misrepresentation when applying for a license constitutes a felony of the third degree and may result in licensure denial or revocation.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature: _____

Print Name: _____

Social Security Number: _____