

**INSTRUCTIONS FOR COMPLETING  
ELECTRICAL CONTRACTORS' LICENSING BOARD EXAMINATION APPLICATION  
DBPR ECLB 4451**

**Application begins on page 8**

*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.*

Applicants are cautioned to read questions thoroughly. Be certain that all questions are answered truthfully and that all requested information is furnished. **Please type or print in ink.** All applications for the examination must be completed and filed with the department at least 90 days prior to the examination date. Applications not completed by the deadline will be reviewed for the subsequent examination. Please refer to the Electrical Contractors' Licensing Board webpage at: [www.myflorida.com/dbpr/pro/elboard/index.html](http://www.myflorida.com/dbpr/pro/elboard/index.html) for a schedule of examinations and application deadlines.

In order to submit a completed application packet, in addition to the **DBPR ECLB 4451 – Examination Application**, individuals must complete the **DBPR 0010 – Master Individual Application**. If an individual fails the Technical / Safety examination three times, the board shall require the individual to complete additional college-level or technical education courses in the areas of deficiency, as determined by the board, as a condition of future eligibility to take the examination. The individual must also submit a new application that meets the certification qualifications at the time of its submission and must pay all appropriate fees. Once approved to sit for the Technical / Safety portion, candidates may schedule with our vendor to take the Business computer-based test that is offered daily, starting March 1<sup>st</sup>, 2005.

**CANCELLATION AND REFUND POLICY**

If you are “scheduled” for the examination and cannot attend, you will forfeit the fees and have to reapply for the next exam. You must resubmit a **DBPR 0010 – Master Individual Application**, complete the **DBPR ECLB 4457 – Retake Exam Application**, and submit a fee of \$127.50 at least ninety (90) days prior to the next examination date.

All requests for cancellation must be in writing and received in the Board office at least forty five (45) days prior to the examination date, even if you have not received notification of the approval or denial status of your application. If your application is denied, the Technical / Safety examination fee of \$127.50 is refundable upon written request. Refunds must be processed within one (1) year of the date of application. After one (1) year, the file will be considered abandoned and the fee will not be refunded.

**QUALIFICATIONS**

Applicants must be at least 18 years of age, be of good moral character, meet the education/experience requirements below, and pay all applicable fees.

In order to become a **licensed certified contractor** in the State of Florida, an applicant must meet educational and/or experience requirements, pass the state certification examination, show evidence of workers' compensation coverage, and demonstrate financial responsibility. A “**certified contractor**” means any contractor who possesses a license issued by the department and who shall be allowed to contract in any jurisdiction in the state without being required to fulfill the competency requirements of that jurisdiction.

**SPECIAL EXAMINATION ACCOMMODATIONS**

In accordance with Chapter 61-11.008, Florida Administrative Code, the department will provide special assistance to candidates with documented disabilities. If you have a physical or mental impairment that substantially limits one or more major life activities, you may request special assistance with the examination process. Please contact the Bureau of Education and Testing at 850.488.5952 immediately

to request an Application for Disability Accommodation. The Application for Disability Accommodation must be completed and returned to the Bureau of Education and Testing in accordance with the deadline requirements established for filing your licensure examination application.

Modifications to reporting times or alternate test days may be requested by candidates who, due to their religious beliefs, cannot attend the examination at the scheduled reporting time(s) or on the scheduled date(s). Each request must be made, in writing, by the candidate and be accompanied by a letter from the pastor or rabbi from the denomination stating that the candidate belongs to the sect, specifying the religious restrictions that apply. The request must be received in the Bureau of Education and Testing in accordance with the deadline requirements established for filing your licensure examination application. Please do not send any correspondence to this address unless it is regarding disabilities or religious conflicts. If you have any questions regarding special accommodations, you may contact the Bureau of Education and Testing at 850.488.5952.

Request for a translated examination, other than Spanish, must be submitted to the department at least six (6) months prior to the examination date. The applicant will have to bear the cost of the translation. Request for a Spanish examination must be filed at the time of application.

### **SUPPORTING DOCUMENT REQUIREMENTS**

The following documents are required in order to process your application. These documents are Board approved and cannot be substituted.

1. **W-2 FORMS**: Copies of W-2 forms must be provided for each year of experience as listed on the applicant affidavit.
2. **EMPLOYMENT HISTORY**: List employment in chronological order, starting with most current employment, and include a detailed job description. If you are self-employed, this information must be completed on your business.
3. **EMPLOYMENT VERIFICATION FORMS**: Employment verification forms confirming employment. If you are self-employed, you must submit three (3) letters from contractors, building officials, or local licensing/inspection authorities.
4. **JOB LIST**: A representative list of jobs performed during the time frames is required to determine eligibility. You must list at least five (5) jobs for each year of experience claimed in your applicant affidavit. This list should be in chronological order starting with the most recent job and must include starting and ending dates, locations, and a detailed description of work performed.
5. **APPLICANT CREDIT REPORT**: A credit report on the qualifying agent from any recognized credit bureau that includes, but is not limited to, liens, judgments, suits, and bankruptcy obtained from county, state and federal records. Reports limited only to information that has been obtained from the qualifying agent or past and present employers are not acceptable [Rule 61G6-5.004(3), F.A.C.]. The credit report must be dated within twelve (12) months of filing this application and must include the following statement: **"PUBLIC RECORDS HAVE BEEN SEARCHED AT THE COUNTY, STATE AND FEDERAL LEVELS."**
6. **APPLICANT FINANCIAL STATEMENT**: Personal financial statement must be prepared within twelve (12) months of filing this application and must show a total net worth. Your personal financial statement must be signed in the presence of a notary, unless prepared by a Certified Public Accountant. See Rule 61G6-5.003, F.A.C. for a more detailed explanation of this requirement.
7. **FINANCIAL RESPONSIBILITY QUESTIONNAIRE**: Provide explanation and documentation for any YES answers. Documentation for liens, judgment or suits must include legal release, settlement or adjudication.

#### Liens

- Form 668 Certificate of Release of Federal Tax Lien
- Form UCC#3 Certificate of Release of State Tax Lien

#### Judgments

- Form B27 United States Bankruptcy Court of Discharge of Debtor Suits
- Settlement document from the court in which the suit was filed

**BUSINESS ENTITY APPLICATION AND LICENSE FEE**

Upon passing both parts of the examination, you must submit the **DBPR ECLB 4453 Initial Application for Certified Electrical, Alarm System or Specialty Contractor** (Certification for Individual to Qualify a Business Entity) application for board review and approval. An initial licensure fee, proof of insurance, and workers' compensation must also be submitted before a license can be issued. **DO NOT** submit the business application and license fee until you have passed both parts (Technical / Safety and Business) of the examination.

**EXAMINATION NOTIFICATION**

The Bureau of Education and Testing will mail out admission cards to all approved candidates at least thirty (30) days prior to the exam date. The Candidate Information Booklet and a reference list is available by visiting: [www.myfloridalicense.com](http://www.myfloridalicense.com). Please make sure that the reference list you use is for the examination you are scheduled to take. Once approved to sit for the Technical / Safety portion, candidates may schedule with our vendor to take the Business computer-based test that is offered daily, starting March 1<sup>st</sup>, 2005.

**LICENSURE CATEGORIES**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> EC – Certified Electrical Contractor</li> <li><input type="checkbox"/> EF – Certified Alarm System Contractor I (All Alarm Systems)</li> <li><input type="checkbox"/> EG – Certified Alarm System Contractor II (Excluding Fire)</li> </ul> | <ul style="list-style-type: none"> <li>ES – Certified Specialty Contractor:</li> <li><input type="checkbox"/> Residential Electrical Specialty</li> <li><input type="checkbox"/> Lighting Maintenance Specialty</li> <li><input type="checkbox"/> Sign Specialty</li> <li><input type="checkbox"/> Limited Energy System Specialty</li> <li><input type="checkbox"/> Utility Line Electrical Specialty</li> </ul> |
|---|---|

**EDUCATION/EXPERIENCE REQUIREMENTS**

Below is a listing of each license category and the corresponding education/experience requirements. Locate the license category for which you are applying to determine whether you meet the requirements for examination.

License Category	Education/Experience Requirement – (References: Section 489.511, F.S., Rule 61G6-6-5.003, F.A.C)
<b>EC – Certified Electrical Contractor</b>	<ul style="list-style-type: none"> <li>Must be licensed as an electrical professional engineer for three (3) years within the last 12 years; or</li> <li>Must have three (3) years of management experience in the trade within the last six (6) years immediately preceding the filing of the application; or</li> <li>Must have four (4) years of experience as a foreman, supervisor or contractor in the trade within the last eight (8) years immediately preceding the filing of the application; or</li> <li>Must have six (6) years of comprehensive training, technical education or broad experience associated with an electrical contracting business within the last 12 years immediately preceding the filing of the application; or</li> <li>Must have at least six (6) years of technical experience in electrical work with the Armed Forces or a governmental entity within the last 12 years immediately preceding the filing of the application; or</li> <li>Must have a combination of these qualifications totaling six (6) years of experience.</li> <li>The required experience <b>must</b> include at least 40% of work that is in 3-phase services.</li> </ul>

<p><b>EF – Certified Alarm System Contractor I (All Alarm Systems)</b></p>	<ul style="list-style-type: none"> <li>● Must be licensed as an electrical professional engineer for three (3) years within the last 12 years; or</li> <li>● Must have three (3) years of management experience in the trade within the last six (6) years immediately preceding the filing of the application; or</li> <li>● Must have four (4) years of experience as a foreman, supervisor or contractor in the trade within the last eight (8) years immediately preceding the filing of the application; or</li> <li>● Must have six (6) years of comprehensive training, technical education or broad experience associated with an electrical or an alarm system installation or servicing endeavor within the last 12 years immediately preceding the filing of the application; or</li> <li>● Must have at least six (6) years of technical experience in alarm system work with the Armed Forces or a governmental entity within the last 12 years immediately preceding the filing of the application; or</li> <li>● Must have a combination of these qualifications totaling six (6) years of experience.</li> <li>● The required experience <b>must</b> include at least 40% of work that is in fire alarm systems.</li> </ul>
<p><b>EG – Certified Alarm System Contractor II (Excluding Fire)</b></p>	<ul style="list-style-type: none"> <li>● Must be licensed as an electrical professional engineer for three (3) years within the last 12 years; or</li> <li>● Must have three (3) years of management experience in the trade within the last six (6) years immediately preceding the filing of the application; or</li> <li>● Must have four (4) years of experience as a foreman, supervisor or contractor in the trade within the last eight (8) years immediately preceding the filing of the application; or</li> <li>● Must have six (6) years of comprehensive training, technical education or broad experience associated with an electrical or an alarm system installation within the last 12 years immediately preceding the filing of the application; or</li> <li>● Must have at least six (6) years of technical experience in alarm system work with the Armed Forces or a governmental entity within the last 12 years immediately preceding the filing of the application; or</li> <li>● Must have a combination of these qualifications totaling six (6) years of experience.</li> <li>● The required experience <b>must</b> include at least 40% of work that is in alarm systems other than fire alarm systems.</li> </ul>
<p><b>ES - Specialty Contractor (Residential Electrical Specialty)</b></p>	<ul style="list-style-type: none"> <li>● Must be licensed as an electrical professional engineer for three (3) years within the last 12 years; or</li> <li>● Must be licensed as a professional engineer for three (3) years within the last 12 years; or</li> <li>● Must have three (3) years of management experience in the trade within the last six (6) years immediately preceding the filing of the application; or</li> <li>● Must have four (4) years of experience as a foreman, supervisor or contractor in the trade within the last eight (8) years immediately preceding the filing of the application; or</li> <li>● Must have six (6) years of comprehensive training, technical education or broad experience associated with an electrical installation or servicing endeavor within the last 12 years immediately preceding the filing of the application; or</li> <li>● Must have at least six (6) years of technical experience in electrical work with the Armed Forces or a governmental entity within the last 12 years immediately preceding the filing of the application; or</li> <li>● Must have a combination of these qualifications totaling six (6) years of experience.</li> </ul>

<p><b>ES – Certified Specialty Contractor (Lighting Maintenance Specialty)</b></p>	<ul style="list-style-type: none"> <li>● Must be licensed as an electrical professional engineer for three (3) years within the last 12 years; or</li> <li>● Must have three (3) years of management experience in the trade within the last six (6) years immediately preceding the filing of the application; or</li> <li>● Must have four (4) years of experience as a foreman, supervisor or contractor in the trade within the last eight (8) years immediately preceding the filing of the application; or</li> <li>● Must have six (6) years of comprehensive training, technical education or broad experience associated with an electrical installation or servicing endeavor within the last 12 years immediately preceding the filing of the application; or</li> <li>● Must have at least six (6) years of technical experience in electrical work with the Armed Forces or a governmental entity within the last 12 years immediately preceding the filing of the application; or</li> <li>● Must have a combination of these qualifications totaling six (6) years of experience.</li> </ul>
<p><b>ES – Certified Specialty Contractor (Sign Specialty)</b></p>	<ul style="list-style-type: none"> <li>● Must be licensed as an electrical professional engineer for three (3) years within the last 12 years; or</li> <li>● Must have three (3) years of management experience in the trade within the last six (6) years immediately preceding the filing of the application; or</li> <li>● Must have four (4) years of experience as a foreman, supervisor or contractor in the trade within the last eight (8) years immediately preceding the filing of the application; or</li> <li>● Must have six (6) years of comprehensive training, technical education or broad experience associated with an electrical contracting business within the last 12 immediately preceding the filing of the application; or</li> <li>● Must have at least six (6) years of technical experience in electrical work with the Armed Forces or a governmental entity within the last 12 years immediately preceding the filing of the application; or</li> <li>● Must have a combination of these qualifications totaling six (6) years of experience.</li> </ul>
<p><b>ES – Certified Specialty Contractor (Limited Energy System Specialty)</b></p>	<ul style="list-style-type: none"> <li>● Must be licensed as an electrical professional engineer for three (3) years within the last 12 years; or</li> <li>● Must have three (3) years of management experience in the trade within the last six (6) years immediately preceding the filing of the application; or</li> <li>● Must have four (4) years of experience as a foreman, supervisor or contractor in the trade within the last eight (8) years immediately preceding the filing of the application; or</li> <li>● Must have six (6) years of comprehensive training, technical education or broad experience associated with an electrical or an alarm system installation within the last 12 years immediately preceding the filing of the application; or</li> <li>● Must have at least six (6) years of technical experience in electrical work with the Armed Forces or a governmental entity within the last 12 years immediately preceding the filing of the application; or</li> <li>● Must have a combination of these qualifications totaling six (6) years of experience.</li> </ul>

<b>ES – Certified Specialty Contractor (Utility Line Electrical Specialty)</b>	<ul style="list-style-type: none"> <li>● Must be licensed as an electrical professional engineer for three (3) years within the last 12 years; or</li> <li>● Must have three (3) years of management experience in the trade within the last six (6) years immediately preceding the filing of the application; or</li> <li>● Must have four (4) years of experience as a foreman, supervisor or contractor in the trade within the last eight (8) years immediately preceding the filing of the application; or</li> <li>● Must have six (6) years of comprehensive training, technical education or broad experience associated with an electrical contracting business within the last 12 years immediately preceding the filing of the application; or</li> <li>● Must have at least six (6) years of technical experience in electrical work with the Armed Forces or a governmental entity within the last 12 years immediately preceding the filing of the application; or</li> <li>● Must have a combination of these qualifications totaling six (6) years of experience.</li> </ul>
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**REQUIREMENTS FOR PROFESSIONAL ENGINEERS & APPLICANTS WITH DEGREES**

If you are a licensed professional engineer or hold a degree in an engineering or related field, you must comply with the corresponding requirements as listed below:

<b>Licensed Professional Engineer</b>	<ul style="list-style-type: none"> <li>● Must be licensed as an electrical professional engineer for three (3) years within the last 12 years.</li> <li>● Applicant is required to submit all parts of the exam application excluding the W2 forms, job list, and employment history and verification form.</li> </ul>
<b>Applicant with Degree in Engineering or Related Field</b>	<ul style="list-style-type: none"> <li>● An applicant for examination who is a recipient of a degree in engineering or related field from an accredited four-year college or university may substitute his or her educational background for 1 ½ years of experience in the trade as an electrical or alarm contractor, provided that the college or university he or she attended forwards a copy of his or her transcripts to the Department.</li> </ul>

**APPLICATION CHECKLIST**

TRANSACTION	APPLICATION REQUIREMENTS
<p><b>Initial Application for Certification by Examination</b></p>	<p><b>FEES:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pay \$277.50 fee (make check payable to the Department of Business and Professional Regulation)</li> </ul> <p>NOTE: The Business computer-based test is available through our vendor. The test fee of \$22.50 is paid directly to the vendor.</p> <p><b>FORMS:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete DBPR ECLB 4451 – Examination Application</li> <li><input type="checkbox"/> Complete DBPR ECLB 4454 – Work Experience</li> <li><input type="checkbox"/> Complete DBPR 0010 – Master Individual Application</li> <li><input type="checkbox"/> Complete DBPR 0050 – Explanatory Information for Background Questions (if applicable)</li> <li><input type="checkbox"/> Complete DBPR 0060 – General Explanatory Description (if applicable)</li> </ul> <p><b>SUPPORTING DOCUMENTS:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> W-2 Forms</li> <li><input type="checkbox"/> <b>IF SELF EMPLOYED</b> – Submit three letters from contractors, building officials, or local licensing/inspection authorities, verifying employment</li> <li><input type="checkbox"/> Credit report, not older than twelve months, from recognized credit bureau. Must include statement that public records have been searched at county, state, and federal levels.</li> <li><input type="checkbox"/> Bank verification letter, on bank letterhead and signed by bank officer verifying cash in bank</li> <li><input type="checkbox"/> Documented proof that property, buildings or life insurance is in the name of qualifier UNLESS a CPA prepared statement is provided.</li> <li><input type="checkbox"/> Document for liens, judgements, or suits</li> </ul>

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](http://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.

PRIOR LICENSE INFORMATION				
If you currently or previously have held a business or professional license/registration in Florida or elsewhere, please list them below:				
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		

BACKGROUND INFORMATION			
1.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withhold of adjudication? This question applies to any 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 943.058, 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 form 0050-1)	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 form 0060-1)	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 form 0060-1)	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 questions 1 – 4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action including the nature of any charges, 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; and the designation and/or license number for any actions against a license or licensure application. Please utilize form 0050-1 for your responses to questions 1 and 2, and form 0060-1 for your responses to questions 3 and 4. If you have more than seven offenses to document on form 0050-1, attach additional copies of form 0050-1 as necessary.

PRIOR NAME INFORMATION				
Have you used, been known as, or called by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? Yes <input type="checkbox"/> No <input type="checkbox"/>				
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

**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: \_\_\_\_\_



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION  
1940 North Monroe Street  
Tallahassee, FL 32399-0783**

**NOTE – This form must be submitted as part of an  
entire application packet**

*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.*

APPLICANT INFORMATION				
Last Name	First	Middle	Title	Suffix
EDUCATIONAL DATA				
Circle only the last year completed for each level.				
<input type="checkbox"/> Grade School: 1 2 3 4 5 6 7 8 9				
<input type="checkbox"/> High School: 10 11 12				
<input type="checkbox"/> College: 1 2 3 4				
NOTE: Please provide a copy of degree, if graduated from college.				
Name of Technical/Other School:				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you possess a degree in engineering or a related field and/or hold a license as an engineer? If yes, give details and attach a copy of degree and verification of licensure.		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you previously taken any Florida Electrical Contractors' Licensing Board exams? If so, which and when? (Electrical, Alarm, or Specialty)		

CHECK TRANSACTION REQUESTED
<b>Transaction Type:</b> <input type="checkbox"/> Initial Application for Certification by Examination – \$277.50 fee required NOTE: The Business computer-based test is available through our vendor. The test fee of \$22.50 is paid directly to the vendor.
CHECK EXAMINATION CATEGORY
<input type="checkbox"/> Unlimited Electrical Contractor <input type="checkbox"/> Alarm System Contractor I <input type="checkbox"/> Alarm System Contractor II <input type="checkbox"/> Residential Electrical Contractor <input type="checkbox"/> Utility Line Contractor <input type="checkbox"/> Limited Energy Contractor <input type="checkbox"/> Sign Specialty Contractor <input type="checkbox"/> Lighting Maintenance Contractor

<b>SPECIAL ACCOMMODATIONS</b>			
1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you requesting special testing accommodations due to any documented disabilities?
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you requesting special testing accommodations due to any religious conflicts?
3.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you requesting your Technical / Safety examination in Spanish or in any other language? NOTE: The Business computer-based test is also available in Spanish through our vendor.

If you answered "Yes" to any of the questions above, please refer to your instruction booklet for further information.

<b>QUALIFICATION FOR TAKING EXAMINATION</b>	
A person shall apply to take the certification examination by meeting one of the following requirements. (Check One)	
<input type="checkbox"/>	<b>489.511(2)(a)(3)(a), F.S.</b> 1. Has, within the six (6) years immediately preceding the filing of the application, at least three (3) years proven "management experience" in the trade or education equivalent thereto, or a combination thereof, but not more than one-half of such experience may be educational equivalent.
<input type="checkbox"/>	<b>489.511(2)(a)(3)(b), F.S.</b> 2. Has, within the eight (8) years immediately preceding the filing of the application, at least four (4) years experience as a supervisor, foreman, or contractor in the trade for which he or she is making application.
<input type="checkbox"/>	<b>489.511(2)(a)(3)(c), F.S.</b> 3. Has, within the twelve (12) years immediately preceding the filing of the application, at least six (6) years of comprehensive training, technical education, or supervisory experience associated with an electrical or alarm system contracting business, or at least six (6) years of technical experience in electrical or alarm system work with the Armed Forces or a governmental entity.
<input type="checkbox"/>	<b>489.511(2)(a)(3)(d), F.S.</b> 4. Has, within the twelve (12) years immediately preceding the filing of the application, been licensed for three (3) years as a professional engineer who is qualified by education, training, or experience to practice electrical engineering.
<input type="checkbox"/>	<b>489.511(2)(a)(3)(e), F.S.</b> 5. Has any combination of qualifications under sub-subparagraphs 1-3 totaling six (6) years of experience.

<b>APPLICANT JOB LIST (DUPLICATE AS NECESSARY)</b>	
List <u>five</u> jobs for <u>each</u> of the years you are qualifying (e.g., 3 yrs. management, 4 yrs. supervisory, or 6 yrs. trade) with dates that concur with documented employment. A total of 15, 20, or 30 jobs should be listed.	
<b>Month &amp; Year</b>	<b>If you are applying for Alarm System Contractor I – your total years experience must include 40% fire alarm experience. If you are applying for Electrical Contractor – your total years experience must include 40% 3-phase experience.</b>
FROM:	Contractor who pulled permit _____ Phone # ( ) _____
	Job Location _____ General Contractor's Name _____
TO:	Job Address _____
Detailed description of work performed at job site:	
FROM:	Contractor who pulled permit _____ Phone # ( ) _____
	Job Location _____ General Contractor's Name _____
TO:	Job Address _____
Detailed description of work performed at job site:	
FROM:	Contractor who pulled permit _____ Phone # ( ) _____
	Job Location _____ General Contractor's Name _____
TO:	Job Address _____
Detailed description of work performed at job site:	
FROM:	Contractor who pulled permit _____ Phone # ( ) _____
	Job Location _____ General Contractor's Name _____
TO:	Job Address _____
Detailed description of work performed at job site:	
FROM:	Contractor who pulled permit _____ Phone # ( ) _____
	Job Location _____ General Contractor's Name _____
TO:	Job Address _____
Detailed description of work performed at job site:	

**FINANCIAL RESPONSIBILITY BACKGROUND QUESTIONNAIRE**

**If you answer “yes” to any of the questions below, you must provide an explanation on the DBPR 0060 – General Explanatory Description form and attach legal documentation, i.e. satisfaction of lien, judgment, payment schedule, etc.**

1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undertaken construction contracts or work that a third party, such as a bonding or surety company, completed or made financial settlements on your behalf?
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Had claims or lawsuits filed for unpaid or past due accounts by your creditors?
3.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undertaken construction contracts or work that resulted in liens, suits, or judgements being filed against you?
4.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Had a lien of record filed against you by the U.S. Internal Revenue Service or Florida Corporate Tax Division or any other jurisdictions?
5.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Made an assignment of assets in settlement of construction obligations for less than the debts outstanding?
6.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Filed for bankruptcy voluntarily or involuntarily?
7.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Been charged with, accused of, or investigated for acting as a contractor without a license?
8.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Been convicted or found guilty of, or entered a plea of nolo contendere (regardless of adjudication) of any crime (other than a traffic violation)?

<b>PERSONAL FINANCIAL STATEMENT*</b>			
<b>APPLICANT NAME:</b> _____			
<b>FINANCIAL STATEMENT AS OF</b> _____ (Date)			
ASSETS		LIABILITIES	
CURRENT ASSETS	AMOUNT	CURRENT LIABILITIES	AMOUNT
Cash in Bank	\$	Accounts Payable	\$
Notes Receivable	\$	Notes Payable to Bank	\$
Account Receivable - Current	\$	Other Notes Payable	\$
Inventory	\$	Notes Receivable Discounted	\$
US Government Securities	\$	Mortgages and Bonds Payable	\$
Other Current Assets (itemize)	\$	Accrued Income Taxes	\$
<b>TOTAL CURRENT ASSETS</b>	\$	Wages and Interest	\$
		Other Current Liabilities	\$
Land	\$	<b>TOTAL CURRENT LIABILITIES</b>	\$
Buildings-Net (after depreciation)	\$		
Machinery, Fixtures & Equipment (after depreciation)	\$	Other Liabilities (Due after 1 year – itemize)	\$
Leasehold Improvements-Net (after amortization)	\$		\$
Cash Value Life Insurance	\$		\$
Stock & Bonds	\$		\$
Prepaid Expenses	\$		
Deferred Charges	\$		
Other Assets (itemize)	\$	<b>TOTAL LIABILITIES</b>	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL NET WORTH</b>	\$

**NAME AND SIGNATURE OF PREPARER:** \_\_\_\_\_

\*Per Rule 61G6-5.003(2)(a), F.A.C., unless prepared by a Certified Public Accountant, the financial statement shall be signed in the presence of a notary by the individual applicant.



STATE OF FLORIDA  
 DEPARTMENT OF BUSINESS AND  
 PROFESSIONAL REGULATION  
 1940 North Monroe Street  
 Tallahassee, FL 32399 – 0783

**NOTE – This form must be submitted as part of an entire application packet.**

*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.*

APPLICANT INFORMATION				
Last Name	First	Middle	Title	Suffix

APPLICANT EMPLOYMENT HISTORY (DUPLICATE FORM AS NECESSARY)		
<p>APPLICANT EMPLOYMENT HISTORY: (If you are a registered contractor, this information must be completed on your business.) Include copies of W-2 or 1099 form(s) for employment verification. These documents must be attached to this form to verify time(s) of employment.</p>		
Employer Name: _____		
Telephone #: (____) _____		
Address: _____ (Street)		
_____ (City)	_____ (State)	_____ (Zip)
Date Employed: _____ To _____		
Your Supervisor: _____		
<p>YOUR POSITION: _____ Give a detailed description of your duties. If your position changed during this employment, list dates for each position:</p>		

<b>EMPLOYMENT VERIFICATION</b> (DUPLICATE FORM AS NECESSARY)	
Employing Agency / Company Name:	
Agency / Company Address:	Agency / Company Phone Number:
Current position of Applicant:	Dates of applicant's employment by the Agency/Company: From: _____ To: _____
Current Supervisor of Applicant:	
Describe in detail the applicant's duties, including any hands-on/supervisory responsibilities:	
Total time employed in a supervisory position was _____ months. Total time employed in a managerial position was _____ months.	
I attest that the information provided is true and accurate.	Signature _____ Date _____
Name of Owner or Supervisor Verifying Employment	

If you are self-employed, disregard applicant employment history. You cannot verify your own employment. You must obtain at least three (3) letters verifying required experience from building officials, local licensing agencies and contractors with whom you have been associated.



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**  
**NOTE – This form must be submitted as part of an  
application packet**

PERSONAL INFORMATION				
Last Name	First	Middle	Title	Suffix
Identify question number on form DBPR 0010 this explanation pertains to:				

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

Attach additional sheets as necessary

