

State of Florida
Department of Business and Professional Regulation
Building Code Administrators and Inspectors Board
Application for Authorization to Take the Principles and Practice Examination for Individuals
seeking Licensure through an Internship Certification Program
Form # DBPR BCAIB 11

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

APPLICATION REQUIREMENTS

This application should only be completed by individuals entering an internship certification program who do not intend to apply for a provisional license for the duration of the internship.

WORK EXPERIENCE

Work experience detail is often too general and is missing hands-on experience. The person certifying 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 the person attesting to your work experience is not Florida licensed, submit a copy of their license from issuing authority.](#)

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

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:

- a. If you are seeking certification as a building code inspector or plans examiner by completing an internship certification program, you must be employed full-time by a municipality, county, governmental jurisdiction or private provider or a private provider's firm that performs the service of a building code inspector or plans examiner, while under the direct supervision of a certified building official.
- b. The entity must be Board-approved as a provider of an internship certification program.
- c. Proof of graduation with a related vocational degree or college degree or verifiable work experience may be exchanged for the internship experience requirement year-for-year, but may not reduce the internship to less than one (1) year.
- d. Applicants must pass an exam administered by the International Code Council (ICC) in the certification category sought prior to entering an internship certification program.
- e. All applicants must pass both the Principles and Practice exam and a Board-approved 40-hour code training course in the code category sought prior to completing the internship certification program.
- f. Upon completion of an internship certification program, the applicant shall obtain a favorable recommendation from the supervising building official, on jurisdictional, private provider, or firm of the private provider letterhead.
- g. At least 30 days and no more than 60 days prior to the completion of the internship, an applicant shall apply to the Board for standard certification on Form # DBPR BCAIB 12.
- h. If you are a building code inspector or plans examiner who holds a standard certification, you may seek an additional certification in another category by completing an additional non-concurrent one (1) year internship certification program in the certification category sought, by passing an exam administered by ICC, and by completing a board-approved 40-hour code training course in the license category sought.

2. Application Instructions (by section)

a. Section I – Application Type

- i. Indicate which category of licensure is being applied for. Select only one discipline per application.
- ii. Complete the internship certification program number in the space provided and the expected life of the internship certification program in years, not to exceed four years and not to be less than one year.
- iii. Indicate if education and/or work experience will be considered in determining the life of the internship certification program.
- iv. If special testing accommodations are required, contact the Department at 850.488.5952.

b. Section II – Applicant Personal Information

- v. 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.
- vi. 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.
- vii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- viii. 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.
- ix. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
- x. 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.
- xi. 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.

b. 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.

c. 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 or reduce the length of an internship program, you must have your college/university or vocational school forward an official transcript to the Central Intake Unit for consideration.

d. 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.

e. 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.

f. 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.

g. 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 official, licensed contractor, licensed fire marshal, licensed architect or licensed engineer who has knowledge of your duties. Any work experience submitted for a reduction in the internship program must be fully documented.
- 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 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 the person attesting to your work experience is not Florida licensed, submit a copy of their license from issuing authority.](#)

h. Section IX – Affirmation by Written Declaration

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

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

Section I – Application Type

CHECK TRANSACTION REQUESTED	
<input type="checkbox"/> Authorization to Take the Principles and Practice Examination	
CHECK INTERNSHIP CATEGORY (only one category may be selected per application)	
Inspector Categories [5001/1016] <input type="checkbox"/> Building <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical	Plans Examiner Categories [5002/1016] <input type="checkbox"/> Building Plans <input type="checkbox"/> Mechanical Plans <input type="checkbox"/> Plumbing Plans <input type="checkbox"/> Electrical Plans
INTERNSHIP CERTIFICATION PROGRAM	
Approved internship certification program number _____ Applicant requests the life of this internship certification program for a period of _____ years. Note: The life of an internship certification program cannot exceed four (4) years.	
SPECIAL TESTING ACCOMMODATIONS	
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.	



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)(d)2.g., 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

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:

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:

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 VI 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:

EXPLANATION	
State/Jurisdiction:	Application Type/License Number:

EXPLANATION	
State/Jurisdiction:	Application Type/License Number:

Section VIII – Work Experience

WORK EXPERIENCE
<p>Work experience detail is often too general and is missing hands-on experience. The person certifying 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 the person attesting to your work experience is not Florida licensed, submit a copy of their license from issuing authority.</p>

Section IX– Affirmation by Written Declaration**AFFIRMATION BY WRITTEN DECLARATION**

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.**

Signature:

Date:

Print Name: