

**State of Florida**  
**Department of Business and Professional Regulation**  
**Building Code Administrators and Inspectors Board**  
**Application for Provisional Certificate- Inspectors and Plans Examiners**  
**Form # DBPR BCAIB 3**

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

APPLICATION REQUIREMENTS
<p><b>ALL provisional certificate applicants must submit:</b></p> <p><input type="checkbox"/> Fees:</p> <p><input type="checkbox"/> <b>Local Governmental Employees:</b></p> <ul style="list-style-type: none"> <li>• <b>Provisional certificate applicants - \$5</b></li> <li>• <b>Provisional certificate applicants <u>and</u> also applying to take certification exam - \$10</b></li> <li>• <b>Make check payable to the Florida Department of Business and Professional Regulation</b></li> </ul> <p><input type="checkbox"/> <b>Non-Local Governmental Employees:</b></p> <ul style="list-style-type: none"> <li>• <b>Provisional certificate applicants - \$55</b></li> <li>• <b>Provisional certificate applicants <u>and</u> also applying to take certification exam - \$86.25</b></li> </ul> <p>Make check payable to the Florida Department of Business and Professional Regulation.</p> <p><input type="checkbox"/> Official transcripts from colleges or universities, if using education as part of experience requirement.</p> <p><input type="checkbox"/> Copy of current, active (<a href="#">Florida</a>) firesafety inspector license if applying by completing a cross-training program and by holding a firesafety inspector license.</p> <p><input type="checkbox"/> Supporting legal documentation, or copies of charges or disciplinary record, if necessary. See Sections 2(e-g) of Instructions.</p> <p><input type="checkbox"/> If you have previously passed the technical examination for the category of certification you are seeking, submit a copy of the passing certificate with your application.</p> <p><input type="checkbox"/> If the person attesting to your work experience is not Florida licensed, submit a copy of their license from issuing authority, or proof of the affiant position if licensure is not required from the government authority.</p> <p><input type="checkbox"/> <a href="#">If you are seeking a standard license by completing a Board-approved cross-training or training program, provide a copy of documentation demonstrating satisfactory completion of said program.</a></p> <p><input type="checkbox"/> If you are seeking your first standard license by possessing 2 years' experience in the field of construction, building code inspection, plan review, fire plans review of new building as a firesafety inspector by completing a board-approved-training program and providing proof of completion of at least two hundred (200) but not more than three hundred (300) hours of cross-training program in the licensure category sought , <b>affidavits of work experience are not required to be submitted with your application to the Department.</b></p>

**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

WORK EXPERIENCE
<p><b>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. <a href="#">If the person attesting to your work experience is not Florida licensed, submit a copy of their license from issuing authority</a>, or proof of the affiant position if licensure is not required from the government authority.</b></p>

## 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. Provisional Certificate:

A provisional certificate is only issued to employees once they have made application to the Department and been approved by the Board. Individuals applying for a provisional building code administrator license must be newly hired or promoted to the position. Individuals applying for a provisional inspector or plans examiner license **are not required** to be newly hired or promoted to the position.

#### b. Certification by Examination:

If you are applying for **Certification by Examination or Endorsement as an Inspector or Plans Examiner**, in order to qualify for licensure, you must prove a minimum of four (4) years of either construction and/or inspection experience in the category sought, or demonstrates a combination of post-secondary education and experience which totals three (3) years. For example, for a mechanical plans examiner license, you must provide proof of four (4) years of experience conducting mechanical inspections/plan review and/or working for/as a mechanical contractor.

If you are applying for **Certification by Endorsement by holding a** valid building administrator, inspector, plans examiner, or the equivalent, certification issued by another state or territory of the United States for at least 10 years before the date of application; and has successfully passed an applicable examination administered by the International Code Council. Such application must be made either when the license in another state or territory is active or within 2 years after such license was last active.

If you are seeking a standard license by completing a board-approved cross-training program, you must currently hold a standard license from this board or a firesafety inspector license pursuant to Chapter 633, F.S., you must verify three (3) separate years of experience in firesafety inspection or firesafety plan review, and you must provide proof of completion of the cross-training program in the licensure category sought. **[Cross-training program]**

If you are seeking your first standard license and possess two (2) years' experience in the field of construction, building code inspection, plan review, fire plans review of new buildings as a firesafety inspector by completing a board-approved training program, you must provide proof of completion of at least two hundred (200) hours but not more than three hundred (300) hours of cross- training program in the licensure category sought. **Affidavits of work experience are not required to be submitted with your application to the Department for this licensure method. [Training program]**

If you are seeking an additional certification, except for residential inspector, and you currently hold certifications issued by the board or a firesafety inspector license pursuant to Chapter 633, F.S., with at least four (4) years' experience by completing a board approved training program of at least two hundred (200) but not more than 300 hours, you must provide proof of completion of the training program in the license category sought. **[Training program]**

If you are seeking a residential inspector certification **and** you have four (4) years of verifiable experience **and** you hold at least one standard certification issued by the board, you may qualify by submitting a course completion certificate from a board-approved training program provider which verifies completion of a program of not less than 500 hours. If you are a firesafety inspector licensed pursuant to Chapter 633, F.S., who has at least four (4) years of verifiable experience, you may qualify for a residential inspector certification by submitting a course completion certificate from a board-approved training program provider which verifies completion of a program of not less than 500 training hours. **[Training program]**

If you are licensed by the Building Code Administrators and Inspectors Board, you have maintained an active license, continuous employment and continuing education, you will not be required to take the Florida Principles and Practice examination again in order to receive a license or add an additional category of licensure.

## 2. Application Instructions (by section)

### a. Section I- Application Type

- i. Check only one application type. Applicant must submit a separate application for each category of licensure sought.

### 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. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
- vi. 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.
- vii. 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- 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.

### d. 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, you must have your college/university forward an official transcript to the Central Intake Unit for consideration.

### e. 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.

### f. 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.

### g. 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.

#### **h. 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.
- 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](#), or proof of the affiant position if licensure is not required from the government authority.

#### **i. Section IX- Affirmation by Written Declaration**

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

### **3. Exam Information**

#### **a. Technical Examination:**

The technical examinations are only offered via computer-based testing. The exam will be administered by Pearson VUE on the date and location of your choice. ICC is responsible for conducting reviews for those individuals that fail the examination(s). For those individuals that pass the technical portion of the examination, ICC will send you a certificate as per their usual procedures. This certificate in no way indicates or implies that you are licensed by the Building Code Administrators and Inspectors Board. The Department will officially notify you when a standard license has been issued. If you are requesting an additional category, the website will be updated once the category has been added.

#### **b. Florida Principles and Practice (P&P) Examination**

In addition to the technical examination, all applicants are required to pass the Florida Principles and Practice (P&P) examination before a new license can be issued. There is one P&P examination for all categories (i.e. inspector, plans examiner, building code administrator). This examination will take approximately two and one-half hours to complete. Please refer to the Candidate Information Booklet for additional information concerning this examination. To obtain reference material for this exam, you may contact the areas listed in the Candidate Information Booklet or contact the Building Officials Association of Florida at [407.804.1001](tel:407.804.1001).

The P&P examination is given daily at various locations and is a computer-based examination. Site information and the dates of the examination will be given to the applicant once the applicant has been approved to take the examination.

The same topics covered in the P&P examinations are also covered in the Modular examinations. Therefore, any applicant taking the Modular Inspector or Modular Plans Examiner examination will be exempt from taking the P&P examination. This exemption is **ONLY** for the Modular examinations. Applicants taking any other examinations will be required to pass the Florida Principles & Practice examination.

- c. Once you have passed the required examination, submit a copy of the passing certificate to the Department at the address listed on page 1 or via fax delivery to 850.488.8040.

### **4. Required Fees**

Fee Type	City/County Employees	All Others
Certification Fee	N/A	\$25 per category
Application Fee	N/A	\$25
Examination Fee	N/A	\$31.25
Unlicensed Activity Fee	\$5	\$5

<b>QUALIFICATION FOR CERTIFICATION</b>	
<b>Please check ONE box</b>	<b>The experience and education submitted should demonstrate one of the following methods of qualification. PLEASE SELECT ONE OF THE FOLLOWING METHODS OF QUALIFICATION BY INDICATING YOUR SELECTION IN THE APPROPRIATE CHECK BOX.</b>
<input type="checkbox"/>	Demonstrates four (4) years combined experience in the field of construction or a related field, building code inspection, or plans review corresponding to the certification category sought. <b>468.609(2)(c)1, F.S.</b>
<input type="checkbox"/>	Demonstrates a combination of postsecondary education in the field of construction, building experience which totals three (3) years, with at least one (1) year of such total being experience in construction, building code inspection, or plans review. <b>468.609(2)(c)2, F.S.</b>
<input type="checkbox"/>	Demonstrates a combination of technical education in the field of construction or a related field and experience which totals three (3) years, with at least one (1) year of such total being experience in construction, building code inspection, or plans review. <b>468.609(2)(c)3, F.S.</b>
<input type="checkbox"/>	Currently holds a standard certificate issued by the board or a firesafety inspector license issued pursuant to Chapter 633, F.S., with a minimum of three (3) years of verifiable experience in firesafety inspection or firesafety plan review, and satisfactorily completes a building code inspector or plans examiner cross-training program that provides at least 100 hours but not more than two hundred (200) hours of cross training in the certification category sought. <b>468.609(2)(c)4, F.S. [cross-training program]</b>
<input type="checkbox"/>	Demonstrates a combination of the completion of an approved training program of at least two hundred (200) hours but not more than three hundred (300) hours of cross –training in the field of building code inspection or plan review and a minimum of two (2) years’ experience in the field of building code inspection, plan review, fire code inspection and fire plans review of new buildings as a firesafety inspector certified under Section 633.081(2), F.S., or construction. <b>468.609(2)(c)5, F.S. [training program]</b>
<input type="checkbox"/>	Currently holds a standard certificate issued by the board or a fire safety inspector license issued pursuant to Chapter 633, F.S., has at least four (4) years of verifiable full-time experience as an inspector or plans examiner in a standard certification category currently held or has a minimum of four (4) years verifiable full-time experience as a fire safety inspector licensed pursuant to Chapter 633, F.S., and has completed a building code inspector or plans examiner classroom training course or program that provides at least two hundred (200) but not more than three hundred (300) hours in the certification category sought, except for residential training programs which must provide at least five hundred (500) hours, but not more than eight hundred (800) hours of training as prescribed by the board. <b>468.609(2)(c)6, F.S. [training program]</b>
<input type="checkbox"/>	Currently hold an equivalent certification issued by another state or territory of the United States with a minimum of 10 years of experience and have passed an examination administrated by the International Code Council and seeking a standard license by endorsement.
<p>Meets eligibility requirements for certification as a residential inspector as set forth in <b>Rule 61G19-6.017, Florida Administrative Code.</b></p> <p>a. Four years’ experience as a registered or certified state general, building, or residential contractor in a supervisory capacity that included operational control and direction of building, mechanical, electrical, and plumbing personnel or subcontractors on residential projects; or</p> <p>b. Four years’ experience as a job superintendent or project manager in a supervisory capacity that included operational control and direction of building, mechanical, electrical, and plumbing personnel or subcontractors on residential projects; or</p> <p>c. Four years’ experience including one and a half years of hands-on electrical experience, one and a half years of hands-on building experience, and one year of hands-on experience in either mechanical or plumbing; or</p> <p>d. Standard certification as an inspector in any of the categories listed in Section 468.603(6), F.S., plus at least six months’ hands-on experience in each of the following areas in which the applicant does not hold standard certification: building, plumbing, electrical, and mechanical; or</p> <p>e. A combination of postsecondary education in the field of construction or a related field and experience in the category sought which totals four years, with at least one year of such total being experience in the category sought in construction, building code inspection, or plans review; or</p> <p>f. A combination of technical education in the field of construction or a related field and experience in the category sought which totals four years, with at least one year of such total being experience in the category sought in construction, building code inspection, or plans review; or</p> <p>g. Standard certification as an inspector in any of the categories listed in Section 468.603(5), F.S., plus satisfactory completion of a residential training program of not less than 500 hours. <b>[training program]</b></p> <p>h. Standard certificate/license as a firesafety inspector issued pursuant to Chapter 633, F.S., with four years verifiable full-time experience conducting firesafety inspections plus satisfactory completion of a residential inspector training program of not less than 500 hours. <b>[training program]</b></p>	

**State of Florida**  
**Department of Business and Professional Regulation**  
**Building Code Administrators and Inspectors Board**  
**Application for Provisional Certificate- Inspectors and Plans Examiners**  
**Form # DBPR BCAIB 3**

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**

CHECK TRANSACTION REQUESTED	
<p><b>Local Governmental Employees:</b> [1030]</p> <p><input type="checkbox"/> Provisional Certificate- \$5 fee required.</p> <p><input type="checkbox"/> Provisional Certificate and Exam- \$10 fee required.</p> <p><b>Non-Local Governmental Employees:</b> [1033]</p> <p><input type="checkbox"/> Provisional Certificate - \$55 fee required.</p> <p><input type="checkbox"/> Provisional Certificate and Exam - \$86.25 fee required.</p> <p><b>NOTE:</b> In order to receive a standard certificate you must pass both the technical and Florida Principles and Practice (P&amp;P) examinations.</p>	
CHECK CATEGORY	
<p style="text-align: center;"><b>Inspector Categories</b></p> <p><input type="checkbox"/> Building [5007]</p> <p><input type="checkbox"/> Mechanical [5013]</p> <p><input type="checkbox"/> Coastal Construction [5009]</p> <p><input type="checkbox"/> Plumbing [5015]</p> <p><input type="checkbox"/> Electrical [5010]</p> <p><input type="checkbox"/> Residential [5012]</p>	<p style="text-align: center;"><b>Plans Examiner Categories</b></p> <p><input type="checkbox"/> Building Plans [5008]</p> <p><input type="checkbox"/> Mechanical Plans [5014]</p> <p><input type="checkbox"/> Plumbing Plans [5016]</p> <p><input type="checkbox"/> Electrical Plans [5011]</p>
SPECIAL TESTING ACCOMMODATIONS	
<p>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.</p>	
EXAMINATION HISTORY	
<p>Have you ever taken and passed the Florida Principles &amp; Practice Examination? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p>Date you passed the Florida Principles &amp; Practice Examination: (mm/dd/yyyy) _____ / _____ / _____</p> <p>Have you ever taken and passed an applicable examination administered by ICC? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p>Date(s) you passed an ICC examination: (mm/dd/yyyy) _____ / _____ / _____</p>	



**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**

<b>EMPLOYMENT HISTORY</b>	
<b>1. Employer Name and Address:</b>	
Dates employed (mm/yyyy to mm/yyyy):	
Employer Phone Number:	
Employer License Number:	Email:
Contact:	Applicant's Title or Position:
<b>2. Employer Name and Address:</b>	
Dates employed (mm/yyyy to mm/yyyy):	
Employer Phone Number:	
Employer License Number:	Email:
Contact:	Applicant's Title or Position:
<b>3. Employer Name and Address:</b>	
Dates employed (mm/yyyy to mm/yyyy):	
Employer Phone Number:	
Employer License Number:	Email:
Contact:	Applicant's Title or Position:
<b>4. Employer Name and Address:</b>	
Dates employed (mm/yyyy to mm/yyyy):	
Employer Phone Number:	
Employer License Number:	Email:
Contact:	Applicant's Title or Position:



**Section IV– Education**

<b>EDUCATION</b>	
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**

<b>BACKGROUND INFORMATION</b>			
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:

**Section VII continued – 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:

**Section VIII–Work Experience**

**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](#), or proof of the affiant position if licensure is not required from the government authority.

**WORK EXPERIENCE**

**This section must be completed by an architect, engineer, contractor, fire marshal, or building code administrator, who has personal knowledge of the applicant’s experience for the period of time listed below.**

**Instructions:**  
Provide employment verification for the years of experience required for qualification for certification. Attach additional copies of this page as necessary.  
**Note: Local Government Employees-** To qualify for the fee reduction local government employees must provide Work Experience showing current employment with a local government agency that is signed by the building code administrator.

Applicant Name: \_\_\_\_\_

Employing Agency/Company Name: \_\_\_\_\_

Agency/Company Address: \_\_\_\_\_

Dates of employment by Agency/Company	Date (From) / /	Date (To) / /
---------------------------------------	--------------------	------------------

Agency/Company Phone Number: \_\_\_\_\_

Position of Applicant: \_\_\_\_\_

**Describe in detail the applicant’s duties, including hands-on, supervisory or management responsibilities. Please be specific when explaining the applicant’s duties and hands-on experience.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I attest that the applicant named above has been employed by the agency/company in a: **(Check One)**  
supervisory    managerial    trade position for \_\_\_\_\_years

**Providing false or misleading information is grounds for discipline of your license under 455.227(1)(a) and (l), F.S.**

Print name of licensed architect, engineer, contractor, fire marshal, or building code administrator verifying employment and experience: \_\_\_\_\_

License Number of person verifying employment and experience: \_\_\_\_\_

Signature of person verifying employment and experience: \_\_\_\_\_

Date: \_\_\_\_\_

**Section IX– Affirmation by Written Declaration**

<b>AFFIRMATION BY WRITTEN DECLARATION</b>	
<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:	