State of Florida Department of Business and Professional Regulation Building Code Administrators and Inspectors Board Application for Reexamination Form # DBPR BCAIB 8

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

TRANSACTION	APPLICATION REQUIREMENTS	
Reexamination Application	□ Pay \$6.25 fee (make check payable to the Department of Business and Professional Regulation)	
	Note: This should only be completed if you are a non city/county employee. City/county employees should be able to reschedule at any time.	

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

Eff. Date: December 2022

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If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center at **850.487.1395**. *For additional information see the Instructions at the beginning of this application.*

Section I - Applicant Information

Section I - Applicant illionnal	1011							
PERSONAL INFORMATION								
Social Security Number*			Phone Number:					
Last/Surname		First		Middle		Suffix		
MAILING ADDRESS								
Street address or P.O. Box								
City				State		Zip Code		
County (if Florida address)			Countr	У				
		CHECK	CTION	DECLIESTE	D			
		CHECK A	ACTION	REQUESTE	ט			
Check category:								
Inspector Categories:		Modular			□ Residenti	al Mechanical Inspector		
[5001/1013]		Coastal Construction		tion	Resident	al Plumbing Inspector		
Building		Commercial Electrical			Resident	al Electrical Inspector		
Mechanical		Roofing			□ FL Princi	oles & Practice Exam		
Plumbing		Residential Building Inspector						
□ Electrical								
Plans Examiner Categories:						de Admin. Categories:		
[5002/1013]					[5003/1011]			
Building					Managen	nent		
Mechanical					□ Legal			
Plumbing						Codes & Standards		
□ Electrical					FL Princip	oles & Practice		
■ Modular								
☐ FL Principles & Practice								

Section II - Reexamination Information

SPECIAL TESTING ACCOMMODATIONS				
Do you require special testing accommodations due to disability or do you have a religious conflict with				
the scheduled examination date? Yes □ No □				
If yes, please contact the Bureau of Education and Testing immediately at (850) 488–5952 for detailed				
information.				



^{*} 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 – 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:						

Eff. Date: December 2022