

State of Florida
Department of Business and Professional Regulation
Electrical Contractors' Licensing Board
Certified Electrical Contractor Retake Exam Application
Form # DBPR ECLB 9

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

APPLICATION REQUIREMENTS
<p>Applicants applying to retake any portion of the Certified Electrical Contractor Examination must submit:</p> <p><input type="checkbox"/> Fees:</p> <ul style="list-style-type: none"> • \$67.25 to retake Technical/Safety examination. • \$67.25 to retake Business examination after three (3) attempts. • Make check payable to the Florida Department of Business and Professional Regulation. <p><input type="checkbox"/> Completed Application</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

General Information

- a. You can review the Candidate Information Booklet for additional information about the examination and reference materials. The Candidate Information Booklet is located online at <http://www.myfloridalicense.com/dbpr/servop/testing/documents/elecceb.pdf>.
- b. Additional fees paid directly to the examination vendor when you schedule to retake the examination:
 - \$82.50 fee for Technical/Safety examination.
 - \$41.25 fee for Business examination.
- c. **Special Testing Accommodations:** If you require special testing accommodations due to disability, or if you are requesting your examination in Spanish, or any other language, please contact the Bureau of Testing at 850.487.9755 immediately.
- d. A passing examination score is only valid for a period of 3 years.

Application Instructions

- a. **Section I – Transaction Type**
 - i. Select the examination type you would like to take.
- b. **Section II - Applicant Personal Information**
 - i. Fill out each section completely. A Social Security number is required 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. Provide your phone number and email address.
- c. **Section III – Affirmation by Written Declaration**
 - i. Please read and sign the affirmation by written declaration. If the applicant fails to sign the affirmation statement, the Department will not process the application.

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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 end of this application.

Section I – Transaction Type

TRANSACTION TYPE	
<input type="checkbox"/> Application for Retake of Technical/Safety Exam- \$67.25 fee [1011]	<input type="checkbox"/> Application for Retake of Business computer-based test (CBT) for applicants who have taken and failed the exam three (3) times- \$67.25 fee; [1011]
EXAMINATION TYPE	
<input type="checkbox"/> Unlimited Electrical Contractor [0801]	<input type="checkbox"/> Alarm System Contractor I [0802]
<input type="checkbox"/> Alarm System Contractor II [0803]	<input type="checkbox"/> Lighting Maintenance Contractor [0804]
<input type="checkbox"/> Residential Electrical Contractor [0804]	<input type="checkbox"/> Utility Line Contractor [0804]
<input type="checkbox"/> Limited Energy Contractor [0804]	<input type="checkbox"/> Sign Specialty Contractor [0804]
<input type="checkbox"/> Two Way Radio Communications Enhancement Systems Specialty [0804]	

Section II – Applicant Personal Information

APPLICANT INFORMATION				
Last Name	First	Middle	Title	Suffix
*Social Security Number:		Birth Date (MM/DD/YYYY) / /		
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		

* 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	
<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. 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.</p>	
Signature:	Date:
Print Name:	