



BOARD OF COUNTY COMMISSIONERS

Planning and Development Department
Licensing Regulation & Enforcement
2725 Judge Fran Jamieson Way, Bldg. A-114
Viera, Florida 32940
Phone: (321) 633-2058, option 4, option 6
www.BrevardFL.gov/PlanningDev

Contractor Examination Fees

Application Fees are Non-refundable

Application fees for the following trades are \$110.

5 Years documented experience on enclosed Employer Experience Verification Affidavit are required for the following trades:

- Electrical, Mechanical, Plumbing, Roofing, Sheetmetal, Air Conditioning, Class A Unlimited, Class B Limited

4 Years documented experience on enclosed Employer Experience Verification Affidavit are required for the following trades:

- Drywall, Electrical Sign, Limited Energy Systems, Marine I, Marine II, Solar Water Heating, Specialty Structure Aluminum, Swimming Pool Unlimited, Swimming Pool Service, Underground Utility, Alarm Contractors, Alarm Systems I, Alarm Systems II

3 Years documented experience on enclosed Employer Experience Verification Affidavit are required for the following trades:

- Demolition, Excavation (Land Clearing), Garage Doors, Storm Shutter, Stucco, Swimming Pool Finish, Window and Door

1 Year documented experience on enclosed Employer Experience Verification Affidavit are required for the following trades:

- Irrigation, Fencing

Application Fees for the following trade classifications are:

4 Years documented experience on enclosed Employer Experience Verification Affidavit

- General \$150, Building \$130, Residential \$120

For detailed trade definitions, please see the Brevard County Municode Chapter 22, Article 6: https://library.municode.com/fl/brevard_county/codes/code_of_ordinances?nodeId=PTIICOOR_CH22BUBURE

Experience Requirements

Has received a baccalaureate degree from an accredited four (4) year college in the appropriate field of engineering, architecture, or building construction and has two (2) years of proven experience in the trade category. A minimum of 2,000 hours shall be used in determining full-time equivalence.

Or

Has a total of at least four (4) years of active experience as a skilled workman who is able to command the pay rate of a mechanic in his particular trade or as a foreman who is in charge of a group of workmen and usually responsible to a superintendent or a contractor or his equivalent, provided, however, that at least one (1) year of active experience shall be as a foreman.

Or

A combination of not less than one (1) year of experience as a foreman and not less than three (3) years of credits for any accredited college-level courses in the appropriate trade.

Or

Has a combination of not less than one (1) year of experience as a skilled workman, one (1) year of experience as a foreman and not less than two (2) years of credits for any college level courses in the appropriate trade.

Or

Has a combination of not less than two (2) years of experience as a skilled workman, one (1) year of experience as a foreman and not less than one (1) year of credits for any college level courses in the appropriate trade.

Or

Provide evidence of a minimum of five (5) years of practical experience in the trade or have an active journeyman license for three (3) years.

For the number of years of credits for any college level courses, the applicant shall show completion of an equal number of courses in the appropriate field of engineering, architecture, or building construction. All junior college or community college level courses shall be considered accredited college level courses.

Proof of schools, apprenticeship programs, including dates, diplomas, letters and other pertinent information and recommendations must be provided.

The Contractors' Licensing Board may, in its sole discretion, consider a person's formal or vocational education as practical experience in the trade if the education is in the trade for which the person is applying.

Experience must be documented in writing by your employer(s) (past or present) for proof of experience. More than one experience form may be used. All documents must be originals.



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Email: ContractorLicensing@BrevardFL.gov

Contractor Examination Application

Required Documentation:

1. Application Fee as indicated on page one (1)
2. Make checks payable to: Board of County Commissioners
3. Copy of valid driver's license or government issued ID
4. Three (3) letters of recommendation from contractors whom applicants have worked either for or with, or reputable business or professional people, not related by blood or marriage to the applicant, vouching for the applicant's reputation as to honesty, integrity and good moral character. Letters must be notarized. Letters must be originals, copies will not be accepted
5. Social Security Number Disclaimer
6. Applicant Experience Affidavit
7. Employer Experience Affidavit
8. If the notarized Employer Experience Affidavit cannot be provided, then additional documentation may be required to support the applicants experience.

Applicant Information:

Applicant Name: _____

Application Fee: _____

Selected Trade: _____

Do Not Write in This Space

DATE	CAP ID	PYMT TYPE	INVOICE #	STAFF

Contractor Examination Application

Applicant Information:

1. _____
First * MI Last * * Required
2. Street Address*: _____ City _____ State ____ Zip _____
*Please list your complete permanent physical address, do not put postal office address (PO BOX)
3. Date of Birth _____ Email * _____
*Required for examination and records management
4. Phone Number _____ Primary Contact Telephone Number
5. U S Citizen? Yes* No *If yes, then provide copy of front & back of valid residency or work documentation

Address History:

6. List your complete residential addresses for the past five years
- Street Address: _____ City _____ State ____ Zip _____
- Street Address: _____ City _____ State ____ Zip _____
- Street Address: _____ City _____ State ____ Zip _____

Business History:

7. List all businesses you have owned, operated, or managed or have had an interest of any kind during the past five years:
- Business Name _____ Position _____
- Street Address: _____ City _____ State ____ Zip _____
- Business Name _____ Position _____
- Street Address: _____ City _____ State ____ Zip _____

Business Tax Receipt:

8. Do you presently own a business, and have a current city or county business tax receipt?
Yes No
- If yes, what City or County? _____
- If yes, Company Name _____
- Business Trade Classification _____
- Business Tax Receipt Number _____

Contractor Examination Application

Applicant History:

If any question is marked as yes, then provide a written statement of explanation.

9. Have you undertaken construction contracts or work that a third party, such as a bonding or surety company, completed or made financial settlements?
Yes No
10. Have you had claims or lawsuits filed for unpaid or past due accounts by your creditors as a result of construction operations?
Yes No
11. Have you undertaken construction contracts or work which resulted in liens, suits or judgments being filed?
Yes No
12. Have you had a lien filed against you by the U.S. Internal Revenue Service or Florida Corporate Tax Division?
Yes No
13. Have you made an assignment of assets in settlement of construction obligations for less than the debts outstanding?
Yes No
14. Have you been charged with or convicted of acting as a contractor without a license, or if licensed as a contractor in this or any other state, been subject to any disciplinary action by state, county or municipality?
Yes No
15. Have you filed or been discharged in bankruptcy within the past five years?
Yes No
16. Have you been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime such as a misdemeanor or felony in any jurisdiction within the past ten years?
Yes No
17. Have you ever at any point in time had a felony conviction?
Yes No

Applicant may be required to provide further information or appear before the Contractors' Licensing Board.

Contractor Examination Application

Net Worth Requirements:

Brevard County and the Construction Industry Licensing Board Rule 61G4-15.005 establishes minimum net worth requirements for the following categories of contractors.

\$20,000 Minimum Net Worth:

General Contractor
Class I

Building Contractor
Class II

Residential Contractor
Class III

\$10,000 Minimum Net Worth:

Alarm I
Alarm II
Electrical
Electrical Sign
Limited Energy Systems

Mechanical
Plumbing
Roofing
Sheet Metal
Solar Water Heating

Specialty Structure
Underground Utility
Swimming Pool
HARV Class A Unlimited
HARV Class B Limited

\$2,500 Minimum Net Worth:

Demolition
Drywall
Excavation
Fencing

Garage Doors
Irrigation
Marine I
Marine II

Storm Shutter Stucco
Swimming Pool Finishing
Swimming Pool Service
Window & Door

Net worth shall be defined to require a showing for all contractor licensure categories that the applicant meets the total net worth requirements as stated above with having a minimum of 50% of the amount in cash.

Financial Affidavit: Items marked with ** are Required

PERSONAL ASSETS

Cash in Bank **: _____
 Accounts Receivable: _____
 Notes Receivable: _____
 Inventory, Materials & Supplies: _____
 Machinery & Equipment: _____
 Real Estate (if related to business): _____
 Prepaid & Deferred Charges: _____
 Other: _____

Total Assets **: _____

PERSONAL LIABILITIES

Accounts Payable: _____
 Notes Payable: _____
 Accruals: _____
 Mortgages: _____
 Capital Stock (if incorporated): _____
 Other: _____

Total Liabilities **: _____

Total Net Worth **: _____
Total Assets less Total Liabilities

I certify that I meet the minimum net worth requirements.

Applicant's Signature

Date

Contractor Examination Application

Employment Information:

To be completed by the applicant

Present Employer Business Name: _____

Contractor/Supervisor First & Last Name: _____ Position: _____

Job Duties: _____

Phone #: _____ Hire Date: _____ End Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Previous Employer Business Name _____

Contractor/Supervisor First & Last Name: _____ Position: _____

Job Duties: _____

Phone #: _____ Hire Date: _____ End Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Previous Employer Business Name: _____

Contractor/Supervisor First & Last Name: _____ Position: _____

Job Duties: _____

Phone #: _____ Hire Date: _____ End Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Education Information:

Total number of years on the job hours in approved apprenticeship program *: _____

Apprenticeship and/or School Name *: _____

Apprenticeship and/or School Address *: _____

Other Education, School or Degrees *: _____

* Provide documentation of trade related programs, certifications and/or degrees if indicated above.

Contractor Examination Application Applicant Experience Verification Affidavit

This form is to be completed by the applicant and submitted with your application to provide information regarding your experience.

It will be used to support your qualifications. **Detailed** and **specific information** is required.
It becomes the property of Licensing Regulation & Enforcement when submitted.
Please complete and return with the application.

Applicant Experience Information:

1. Applicant First Name: _____ Last Name: _____

2. Trade Classification Applied For: _____

3. Applicant Experience Start Date: _____

4. Total Number of Years' Experience in Trade Applied: _____

5. Are you actively working in the trade applied? Yes No

6. I certify that I have performed work in the trade classification listed above as my primary occupation for the duration given and I attest to the following experience:

a. Describe in detail the work performed in the trade in which you are applying:

b. Type of buildings, structures, job projects worked on (be specific):

c. Any additional background, training experience and/or certifications/ or other construction trade experience:

The undersigned hereby makes application for certification in accordance with the provisions of Chapter 22, Code of Brevard County, Florida.

I certify I will act only for myself or that I am legally qualified to act on behalf of the business organization seeking to be qualified and certified, in all matters connected with its contracting business. Furthermore, I have the authority to supervise construction projects undertaken by myself or the business organization qualified and certified and will continue during this certification to be able to so bind said business organization. If I sever my affiliation with said business organization, I will immediately notify the Contractor Licensing Board in writing within thirty (30) days of such termination.

Initial _____

I authorize the secretary to the Brevard County Contractor Licensing Board to obtain from any source dealing with me, even though confidential, such additional information concerning my financial condition as may be deemed necessary by the Board.

Initial _____

I acknowledge that pursuant to Brevard County Code and Florida Statute 489, I am personally responsible for all the financial affairs of the business I am applying to qualify. I realize this includes "financial matters," both for the organization in general and for each specific job.

Initial _____

I also acknowledge that I will personally supervise all work being done or there will be a certified master or journeyman, if applicable, on the site at all times.

Initial _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or any omission of facts called for is cause for disciplinary action by the Brevard County Construction Industry Licensing Board. I also authorize release of sheriff and police records to the Brevard County Licensing Regulation & Enforcement agency.

Initial _____

I hereby release you, your organization or others from any liability for damage which may result from furnishing the information requested above.

Initial _____

I agree to familiarize myself and abide with all local ordinances and amendments, state regulations and the Florida Building Code governing all restrictions in reference to the license I have been issued

Initial _____

I certify that this information is true and correct to the best of my knowledge and that any willful falsification of any information contained herein is grounds for disqualification.

Signature of Applicant _____ **Date** _____
Sign before public notary

Printed First and Last Name of Applicant _____

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____,

20_____, by _____ who is personally known to me _____

or who produced a _____ as identification.

Notary's Signature and Seal



Employer Experience Affidavit

Brevard County Licensing Regulation & Enforcement

2725 Judge Fran Jamieson Way, Bldg. A-114, Viera, Florida 32940 / Ph: 321-633-2058 option 4, option 6

Instructions:

- The applicant is requesting that you certify as to your knowledge of their experience by completing this form.
- It is being used to support the applicant's qualifications.
- This verification is required to be completed by a current or previous employer holding a contractor's license;
- Please attach a copy of your (verifier's) contractor's license to this document.
- This form may be duplicated. Please note: All information reported in the above affidavit will be verified

Applicant Information:

First Name: _____ Last Name: _____

Trade Applied for: _____

Qualifier Employer Verification:

1. Employment Start Date: _____ End Date: _____

2. Presently Still Employed: Yes No

3. Describe in detail the positions held and type of work performed:

4. Types of buildings, structures, job projects worked on:

Company Information:

Business Name: _____ Contractor's License Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

I certify that the information provided above is true and correct.

Contractor's First Name: _____ **Last Name:** _____

Signature of Contractor: _____ **Date:** _____

Sign before public notary

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____,
by _____ who is personally known to me _____ or who produced
a _____ as identification.

Notary's Signature and Seal _____

SOCIAL SECURITY NUMBER DISCLAIMER

** "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 occupations license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welform Reform Act), 104 Pub.L. 193, Sec.317."

You must print your name, Social Security Number, date and sign that you have read the disclaimer above:

Applicant Information:

First Name

Last Name

Social Security Number

Signature of Applicant _____ **Date** _____

Please cut along dotted line and keep bottom portion of the disclaimer for your records

** "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 occupations license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welform Reform Act), 104 Pub.L. 193, Sec.317."

Disclaimer:

Collection of social security numbers for government purposes will be marked as confidential with no public access.