



## Marion County Board of County Commissioners

### Building Safety ♦ Licensing

2710 E. Silver Springs Blvd.  
Ocala, FL 34470  
Phone: 352-438-2429  
Fax: 352-438-2430

## INFORMATION ON INITIAL LICENSING PROCESS FOR LOCAL COMPETENCY CARD

1. **To qualify for an examination, complete the following application, attach the following items and mail or deliver them before the cutoff date to Marion County Building Safety (2710 E. Silver Springs Blvd., Ocala). The cutoff date is two weeks prior to the scheduled License Review Board meeting, which is the second Tuesday of each month.**
  - Recent, clear, close-up photo of the applicant (no smaller than 3 by 5 inches and not a driver's license photo)
  - Proof that applicant is 18 years of age. (Legible copy of current driver's license).
  - Applicant must have at least four (4) years of current experience in the trade that they wish to test for. One of the four years must be as a supervisor or foreman. The years of experience can be gained through receiving a baccalaureate degree from an accredited college in the appropriate field of building construction and one year of proven experience in the category in which the person seeks to qualify.
  - Notarized letter of recommendation from a licensed contractor.
  - \$25.00 application submittal fee.
2. **Application will be notified once approved by the License Review Board**

At that time, a \$25.00 fee is due to complete the paperwork for the testing facility. The application for exam and reference material will be given to the applicants to schedule exams. The applicant will need to contact Prometric to schedule the exams (trade and business/law). A minimum of 75 percent is necessary to pass each exam.
3. **Once applicant passes both exams the Marion County Competency Card can be obtained by adhering to the following:**
  - Registration Fee of \$100.00
  - Copy of your Corporation papers or fictitious name papers
  - Liability and workers' compensation certificates of insurance. Must contain the following items:
    - Marion County as the certificate holder, including the address (2710 E. Silver Springs Blvd., Ocala, Florida 34470)
    - The qualifier's name - Company name - Marion County Competency Card number
    - A minimum liability insurance of \$150,000 which consists of \$100,000 per occurrence of personal injury and \$50,000 per occurrence for property damage.
  - If applicant is workers' compensation-exemption, supply a copy of workers' compensation exemption and Marion County workers' compensation affidavit of compliance.

NOTE: Once all the applicable steps above are completed, the competency card will be activated and then the applicant can work in Marion County.

LIC 4 – REV 5/20/14

*“Meeting Needs by Exceeding Expectations”*



**Marion County  
Board of County Commissioners**

Building Safety ♦ Licensing

2710 E. Silver Springs Blvd.  
Ocala, FL 34470  
Phone: 352-438-2429  
Fax: 352-438-2430

**APPLICATION FOR EXAMINATION**

**ASSIGNED #** \_\_\_\_\_

**OFFICE USE ONLY**

\_\_\_\_\_  
TRADE

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DRIVERS LICENSE NUMBER

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
HOME PHONE NUMBER

\_\_\_\_\_  
FAX NUMBER

\_\_\_\_\_  
MOBILE NUMBER

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
NAME OF CURRENT EMPLOYER

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
EMPLOYER ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
POSITION HELD

\_\_\_\_\_  
LENGTH OF EMPLOYMENT

- Recent, clear, close-up photo of the applicant (no smaller than 3x5 inches and not a driver's license photo)
- Proof that applicant is 18 years of age. (Legible copy of current driver's license).
- Applicant must have at least four (4) years of current experience in the trade that they wish to test for. One of the four years must be as a supervisor or foreman. The years of experience can be gained through receiving a baccalaureate degree from an accredited college in the appropriate field of building construction and one year of proven experience in the category in which the person seeks to qualify.
- Notarized letter of recommendation from a licensed contractor.
- \$25.00 application submittal fee.

*"Meeting Needs by Exceeding Expectations"*



**Marion County  
Board of County Commissioners**

Building Safety ♦ Licensing

2710 E. Silver Springs Blvd.  
Ocala, FL 34470  
Phone: 352-438-2429  
Fax: 352-438-2430

**ANSWER THE FOLLOWING QUESTIONS COMPLETELY:**

1. Have you ever been denied a certificate of competency by a board of examiners in the state of Florida?  
 Yes  no **If yes, please attach explanation.**
2. Have you ever had a Certificate of Competency suspended or revoked by a Board of Examiners in the state of Florida?  
 Yes  no **If yes, please attach explanation.**
3. Have you ever been disciplined concerning a license in the construction industry?  
 yes  no **If yes, please attach explanation.**
4. Have you ever been convicted, pled no contest, had arbitration withheld, or had prosecution deferred on any misdemeanor, felony, or DUI.  yes  no **If yes, please attach explanation.**
5. Do you have any charges pending against you or are you currently enrolled in a pre-trial intervention program?  yes  no **If yes, please attach explanation.**
6. Have you had any trouble with any License Review Boards, boards of adjustment of appeals or anyone else that has control over your license in the State of Florida?  yes  no **If yes, please attach explanation.**
7. I do hereby swear and affirm that I am financial sound.  yes  no **If no, please attach explanation.**
8. Have you done any work in Marion County in the last 6 month?  yes  no  
**If yes, please attach explanation.**
9. List the Florida Counties in which you presently hold a Certificate of Competency below:

NAME OF COUNTIES WHERE REGISTERED	CERTIFICATE #

**If this application is falsified in any manner, the license review board may reject it. If additional Investigation (after acceptance of this application) indicates falsification, then the Marion County Certificate of Competency may be revoked.**

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
_____ Date application was received	_____ Received
_____ Date of rejection by the license review board	_____ Denied
_____ Date of approval by the license review board	_____ Approved

*“Meeting Needs by Exceeding Expectations”*



**Marion County  
Board of County Commissioners**

Building Safety ♦ Licensing

2710 E. Silver Springs Blvd.  
Ocala, FL 34470  
Phone: 352-438-2429  
Fax: 352-438-2430

**DOCUMENTATION OF EXPERIENCE  
THIS IS NOT FOR USE AS A CHARACTER REFERENCE**

I, \_\_\_\_\_, certify that I have employed or sub-contracted  
*Present or past employer's name*

to \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
*Applicant's Name Beginning Date Ending Date*

Describe in detail the work performed by named applicant (please be very specific): \_\_\_\_\_

Types of buildings, structures, projects, or jobs that were worked on by applicant (please be very specific): \_\_\_\_\_

I, under penalty of perjury, certify that the foregoing information is accurate and correct.

\_\_\_\_\_  
Signature of employer

\_\_\_\_\_  
Address of employer City State Zip code

\_\_\_\_\_  
Phone number of employer State license number or county certificate number of employer

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year),

by \_\_\_\_\_ (name of person making statement).

\_\_\_\_\_  
(Signature of notary public - state of Florida)

\_\_\_\_\_  
(Print, type, or stamp commissioned name of notary public)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
(Type of Identification Produced)

LIC 5AB – REV 5/20/14

*“Meeting Needs by Exceeding Expectations”*