



**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 INCOMING RECIPROCAL – REGISTERED

1. To reciprocate exam scores into Marion County 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 have tested. 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.
- Letter of Reciprocity sent to Marion County Licensing Division at 2710 E Silver Springs Blvd, Ocala, FL 34470 from the jurisdiction that you have tested through, verifying the Testing Facility used, Examination taken for Trade with a minimum grade of 75% and Business/Law with a minimum grade of 75% and a list of any complaints against applicant within their jurisdiction.
- \$25.00 application submittal fee.

2. Applicant will be notified once approved by the License Review Board

At that time,

- Registration Fee of \$100.00
- Copy of current state license issued by the Department of Business and Professional Regulation.
- 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 5B– REV 1/8/15

“Meeting Needs by Exceeding Expectations”



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APPLICATION FOR RECIPROCIITY – REGISTERED

ASSIGNED # _____

OFFICE USE ONLY

TRADE _____

STATE LICENSE NUMBER _____

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)
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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: _____

FOR OFFICE USE ONLY

_____ Date application was received	_____ Received
_____ Date of rejection by the license review board	_____ Denied
_____ Date of approval by the license review board	_____ Approved

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**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

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