



# Charlotte County Community Development Department

18400 Murdock Circle, Port Charlotte, FL 33948  
Phone: 941.743.1201 Fax: 941.743.1213  
ContractorLicensing@CharlotteCountyFL.gov  
www.CharlotteCountyFL.gov

## APPLICATION FOR SPONSORSHIP FOR CONTRACTOR EXAMINATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  Male  Female

### TYPE OF EXAMINATION: (CHECK ONE OR MORE)

- |  |   |
|--|---|
| <input type="checkbox"/> AIR CONDITIONING CONTRACTOR CLASS _____ | <input type="checkbox"/> LANDSCAPING COMMERCIAL                       |
| <input type="checkbox"/> ALUMINUM                                | <input type="checkbox"/> LAWN IRRIGATION                              |
| <input type="checkbox"/> BUILDING CONTRACTOR                     | <input type="checkbox"/> MASONRY/CONCRETE                             |
| <input type="checkbox"/> BUSINESS AND LAW                        | <input type="checkbox"/> MASTER ELECTRICIAN                           |
| <input type="checkbox"/> CARPENTRY CONTRACTOR                    | <input type="checkbox"/> MASTER PLUMBER                               |
| <input type="checkbox"/> FINISH CARPENTRY                        | <input type="checkbox"/> MECHANICAL CONTRACTOR                        |
| <input type="checkbox"/> CERAMIC TILE AND MARBLE                 | <input type="checkbox"/> PAINTING                                     |
| <input type="checkbox"/> CERAMIC TILE, TERRAZZO AND MARBLE       | <input type="checkbox"/> PLASTER/STUCCO/SPRAYCRETE                    |
| <input type="checkbox"/> CONCRETE, PLACE AND FINISH              | <input type="checkbox"/> RESIDENTIAL CONTRACTOR                       |
| <input type="checkbox"/> DRYWALL                                 | <input type="checkbox"/> ROOFING CONTRACTOR                           |
| <input type="checkbox"/> FENCE CONTRACTOR                        | <input type="checkbox"/> SWIMMING POOL/SPA WATER TREATMENT & CLEANING |
| <input type="checkbox"/> GENERAL CONTRACTOR                      | <input type="checkbox"/> SWIMMING POOL CONTRACTOR CLASS _____         |
| <input type="checkbox"/> GRADE/FILL AND CLEAR                    | <input type="checkbox"/> UNDERGROUND UTILITY                          |
| <input type="checkbox"/> JOURNEYMAN ELECTRICIAN _____            |   |
| OTHER SPECIALTY CONTRACTOR _____                                 |   |

### PLEASE CHECK THE BOX BELOW INDICATING WHICH TESTING SERVICE YOU PREFER:

- GAINESVILLE INDEPENDENT TESTING SERVICE (GITS)
- PROMETRIC

ATTACH  
PASSPORT  
TYPE  
PHOTO  
HERE

### FOR OFFICE USE ONLY:

Date Application Received \_\_\_\_\_ CSR: \_\_\_\_\_ RECEIPT # \_\_\_\_\_ Amount: \_\_\_\_\_

**LIST THREE PERSONAL REFERENCES:**

Name	Street Address	City	State	Zip	Phone #
Name	Street Address	City	State	Zip	Phone #
Name	Street Address	City	State	Zip	Phone #

Were you ever licensed in another county, city or state? \_\_\_\_\_ If yes, what type of license was assigned and the license # \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ Have you ever had your Certificate of Competency or State License revoked? \_\_\_\_\_

If you answered yes to any of the above questions, please attach a letter of explanation on a separate sheet of paper.

APPLICANT'S AFFIDAVIT: To the best of my knowledge, all information contained in this application is true and correct.

Signature of Applicant	Print Name	Date
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State of Florida, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me, by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

Signature of Notary	Printed Name of Notary
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\_\_\_\_\_  
Commission Number

Notary Stamp

**EXAMINATION REGISTRATION INSTRUCTIONS**

All documentation listed below **MUST** be submitted prior to being approved to take the examination.

1. This exam application filled out completely and notarized.
2. Credit report SENT DIRECTLY TO THIS OFFICE from the credit bureau on your personal credit. Credit Reports brought in by the applicant will not be accepted.
3. Copy of current driver's license or other personal identification.
4. Passport type photo attached to page one of this application.
5. Documentation of \_\_\_\_\_ years of experience. Letter(s) are to be on the company letterhead, addressed to the Licensing Division, from previous or current EMPLOYER(S). **Letter(s) must indicate exact dates of employment, type of work, and duties performed. LETTER(S) MUST BE NOTARIZED.** If you were self-employed, tax returns with P&L statement can be substituted year for year as required.
6. Cash, check or money order in the amount of \$25.00. DO NOT MAIL CASH. Check or Money order needs to be made out to CCBC. No refunds will be given if the application is denied.

**NOTE:** After approval and authorization is given by the Charlotte County Building Construction Services Department to take the examination that you are applying for, you will be given an authorization form and other necessary information explaining how to contact the testing company. **It is the APPLICANT'S responsibility to contact the testing company to schedule the examination.** The testing company will send a copy of the results to both the applicant and the sponsoring county.

**FOR OFFICE USE ONLY:**

APPLICANT IS: APPROVED / NOT APPROVED to take the examination.

Signature	Title	Date
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# NATIONAL RESEARCH GROUP BACKGROUND CHECKS



NASSAU CENTER • SUITE 103 • 209 NASSAU STREET SOUTH • VENICE • FLORIDA • 34285

Authorization for The National Research Group Inc. to Conduct a Credit Inquiry

## PERSONAL/BUSINESS CREDIT INQUIRY RELEASE



By my signature below, I hereby give consent to the

### CHARLOTTE COUNTY LICENSING BOARD

to obtain a Personal/Business Credit Report(s) on me and/or my business.

I understand that the requested Personal and/or Business Credit Report(s) is (are) being obtained for the following specific purpose and for no other purpose:

— To determine eligibility for a license or other benefit granted by a government instrumentality which is required by law to consider an applicant's financial status or responsibility. —

▶▶▶ Please PRINT CLEARLY

Your Full Legal Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

City-State-Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

Business Address: \_\_\_\_\_

▶▶▶ A Business Credit Report Is Ordered By Name & Address Exactly As You Print It Above

▶▶▶ Please SIGN with Full Legal Name, Phone, and Date Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Fair Credit Reporting Act (FCRA) stipulates that anyone knowingly and willfully obtaining a credit report under false pretenses shall be fined up to \$5,000 or imprisoned for up to one year, or both.

▶▶▶ Please Check The Report(s) Being Ordered:

PERSONAL CREDIT REPORT - FEE- Each \$25.00 (Includes Handling and Mailing)

BUSINESS CREDIT REPORT - FEE- Each \$50.00 (Includes Handling and Mailing)

▶ MAIL Release with check payable to NRG Inc. to address above; or, complete Credit Card Authorization for MasterCard, Visa or Amex payment and MAIL to address above, or FAX to 941-488-8505, or E-MAIL to nrginfo@atlantic.net. Sealed Report(s) will be forwarded to you or directly to the DBPR as you request.

**CREDIT CARD AUTHORIZATION:** I hereby authorize The National Research Group Inc. to charge my (please circle one) MasterCard Visa Amex for services rendered.

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Month / Year

Print Name (As Shown On Credit Card): \_\_\_\_\_

Signature (As Shown On Credit Card): \_\_\_\_\_

☎ 941-488-8500

800-531-6522

nrginfo@atlantic.net

941-488-8505

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**( Please Note – This Completed and Signed Release Is Required )**