



# Charlotte County Community Development Department

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

*"To exceed expectations in the delivery of public services"*

## 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/SPRACRETE                     |
| <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 you answered yes to the above, what type of license was assigned and the license # \_\_\_\_\_

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 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
 by \_\_\_\_\_ who is personally known to me or 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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