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)

☐ AIR CONDITIONING CONTRACTOR CLASS _________ ☐ LANDSCAPING COMMERCIAL
☐ ALUMINUM ☐ LAWN IRRIGATION
☐ BUILDING CONTRACTOR ☐ MASONRY/CONCRETE
☐ BUSINESS AND LAW ☐ MASTER ELECTRICIAN
☐ CARPENTRY CONTRACTOR ☐ MASTER PLUMBER
☐ FINISH CARPENTRY ☐ MECHANICAL CONTRACTOR
☐ CERAMIC TILE AND MARBLE ☐ PAINTING
☐ CERAMIC TILE, TERRAZZO AND MARBLE ☐ PLASTER/STUCCO/SPACRETE
☐ CONCRETE, PLACE AND FINISH ☐ RESIDENTIAL CONTRACTOR
☐ DRYWALL ☐ ROOFING CONTRACTOR
☐ FENCE CONTRACTOR ☐ SWIMMING POOL/SPA WATER TREATMENT & CLEANING
☐ GENERAL CONTRACTOR ☐ SWIMMING POOL CONTRACTOR CLASS _________
☐ GRADE/FILL AND CLEAR ☐ UNDERGROUND UTILITY
☐ JOURNEYMAN ELECTRICIAN

OTHER SPECIALTY CONTRACTOR: __________________________

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

☐ GAINESVILLE INDEPENDENT TESTING SERVICE (GITS)
☐ PROMETRIC

FOR OFFICE USE ONLY:

Date Application Received ________ CSR: ______ RECEIPT # ________ Amount: ________

ATTACH PASSPORT
TYPE PHOTO
HERE

Rev Sep 2014
**LIST THREE PERSONAL REFERENCES:**

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<th>Zip</th>
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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**

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**  
**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 CCBCC. 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**

Rev. Sep 2014
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: _______________________________ Date of Birth: __________________

Social Security Number: ____________________________

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: ___________________ Date: __________________

Signature: ______________________________

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 nrgrinfo@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: __________________

Print Name (As Shown On Credit Card): __________________________

Signature (As Shown On Credit Card): __________________________

941-488-8500 800-531-6522 941-488-8505
nrgrinfo@atlantic.net
(Charlotte County © 2013 NRG Inc.)

(Please Note - This Completed and Signed Release Is Required)