



## Marion County Board of County Commissioners

Building ♦ Licensing

2710 E. Silver Springs Blvd.  
Ocala, FL 34470  
Phone: 352-438-2428  
Fax: 352-438-2430

### APPLICATION FOR INCOMING RECIPROCAL – COMPETENCY CARD

- 1) To reciprocate exam scores into Marion County complete and submit the attached application and supply the following:
  - Photo of the applicant (photo must be recent and not a Drivers License photo)
  - Proof that applicant is 18 years of age. (Drivers License)
  - Applicant must have at least four (4) years of current experience in the trade that they wish to test for. One (1) of the four (4) 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 (1) 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 fee.
- 2) **Once the application has been submitted** the application will notified by mail of the scheduled date to appear before the next License Review Board (LRB) meeting.
- 3) The day after the LRB meeting, the applicant can contact the Licensing Division to start the process of obtaining a Marion County Competency Card. The following information will be required:
  - Initial Registration Fee of \$100.00
  - Copy of your Corporation papers (if applicable)
  - **LIABILITY AND WORKERS COMPENSATION INSURANCE**  
All Liability Certificates and Workers Compensation Certificates of Insurance must contain the following information:
    - **Marion County as the certificate holder @ 2710 East Silver Springs Blvd Ocala, Florida 34470**
    - **Qualifier's Name (License Holder) ● Company name ● Marion County Competency Card Number** or your State License Number Minimum Liability Insurance of at least \$150,000 (\$100,000 per occurrence of personal injury plus \$50,000 per occurrence of property damage)
  - **WORKERS COMPENSATION EXEMPTIONS**  
If applicant has a Workers Compensation exemption / REISSUANCE exemption must be supplied and a Marion County Workers Compensation Affidavit Form must be filled out.

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

To become a State Certified Contractor, contact the Department of Business and Professional Regulation, (850) 487-1395, or visit their website, [WWW.MYFLORIDALICENSE.COM](http://WWW.MYFLORIDALICENSE.COM)

# APPLICATION FOR RECIPROCITY

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

OFFICE USE ONLY

TRADE \_\_\_\_\_

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

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

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

SOCIAL SECURITY NUMBER \_\_\_\_\_

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 \_\_\_\_\_

## DOCUMENTATION NEEDED WITH APPLICATION:

- Photo of the applicant (photo must be recent and not a Drivers License photo)
- Proof that applicant is 18 years of age. (Drivers License)
- Applicant must have at least four (4) years of current experience in the trade that they wish to test for. One (1) of the four (4) 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 (1) 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, 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 fee

**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 explain:** \_\_\_\_\_
  
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 explain:** \_\_\_\_\_
  
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. 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><u>FOR OFFICE USE ONLY</u></b> |   |       |          |
|-----------------------------------|---|-------|----------|
| _____                             | Date application was received                 | _____ | Received |
| _____                             | Date of rejection by the license review board | _____ | Denied   |
| _____                             | Date of approval by the license review board  | _____ | Approved |