

## **APPLICATION FOR MASTER PLUMBER (NON-CONTRACTOR)**

Contractor Licensing Department, 2300 Virginia Ave, Ft Pierce, FL 34982  
**Phone:** (772) 462-1672 **Fax:** (772) 462-1148, email: [Contractor\\_Licensing@stlucieco.org](mailto:Contractor_Licensing@stlucieco.org)  
[http://www.stlucieco.org/planning/contract\\_licen.htm](http://www.stlucieco.org/planning/contract_licen.htm)

***If you are applying for the NON-Contractor certification and would like for St. Lucie County, Contractor Licensing Department to sponsor you for the exam, please submit the following:***

1.	The First (3) three Pages of the Application. ( NO BLANKS) (Please see attached application)
2.	<p>St. Lucie County Application fee <b>\$50.00</b> (Subject to change)</p> <p style="text-align: center;"><b><u>PLUS,</u></b></p> <p>The sponsorship fee of <b>\$75.00</b> for the Master Plumber examination</p> <p>(Checks and money orders should have the driver's license number of the person making the payment and payable to St. Lucie County. We also accept Visa, Master Card, Discover or Cash if you are submitting the application in person)</p>
3.	(1) One Full Faced View Photograph. Approximately 2"x 2". (NO COPIES)
4.	A clear copy of the applicant's Driver's License.
5.	<p>At least (1) one letter of recommendation from a contractor verifying the required years of experience of the trade being applied for. The letter shall address the applicants knowledge, experience and ability as a contractor for the trade being applied for. The letter must be from a state certified or registered contractor.</p> <p style="text-align: center;"><u>The letter must be dated and sign by the license holder and must be notarized.</u></p> <p style="text-align: center;"><b><u>Four years</u></b> of field experience including two years of supervisory experience for Plumbing.</p> <p>Please note this letter is one of a total of three letters that you would need to complete the application process. Please see #6 of the checklist for more information</p>

**St. Lucie County approved two (2) testing agencies to choose from. Please see the next page for more information.**

Once you have passed the exam(s), please continue to the "check list" to complete the application process. The complete application, including the test scores, would need to be submitted by the "cut-off date" to go before the Contractor Licensing Board for approval. (Please see the last page of this application)

**ALL NOTARIZED DOCUMENTS MUST HAVE THE ORIGINAL SUBMITTED.**

**No documents submitted with an application shall be older than six (6) months at the time of submittal.**

**If the applicant is reciprocating from another Municipality, please provide all that applies from the Check list below:**

## TESTING INFORMATION

1. St. Lucie County staff will need to verify the application submitted before sponsoring the applicant.
2. The applicant will receive an authorization form from St. Lucie County staff to contact the testing agency chosen by the applicant. St. Lucie County will not choose the testing agency for the applicant. An exam cannot be scheduled without the authorization from St. Lucie County.
3. The authorization is valid for no more than 6 months from the date authorized. If the applicant did not schedule the exam, missed the exam, failed the exam, etc., within the 6 month period, the applicant must contact St. Lucie County to obtain another authorization form and pay the sponsor fee again.

**Please choose from one of the testing agencies below:**

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1)

<b>Gainesville Independent Testing Service, LLC (GITS, LLC)</b>	
The applicant has two simple ways to schedule the exam. Using the Authorized form from St. Lucie County:	
Phone # (800) 997-2129 or Fax# (352) 387-2443	
Mail	
If sending this by Postal Service please direct it to:	If by Certified Carrier: (FedEx, UPS)
<b>GITS, LLC</b> <b>P.O. BOX 831127</b> <b>OCALA, FL 34483</b>	<b>GITS, LLC</b> <b>1644 NE 22<sup>ND</sup> AVE, SUITE E</b> <b>OCALA, FL 34470</b>
NOTE: The City of Port St. Lucie does not accept the exam grades from GITS LLC	

2)

<b>PROV INC</b>
13614 Progress Blvd. Alachua, FL 32615 <b>Phone:</b> (866) 720-7768 <b>Fax:</b> (386) 518-6419 <b>Email:</b> info@provexam.com <b>Main Website:</b> <a href="http://www.provexam.com">www.provexam.com</a>
St. Lucie county staff will set the log in information for the applicant. A voucher will be created and the applicant will receive this via email or in person. This is the voucher the applicant will need to complete the scheduling process with Prov Inc.

**Please contact the testing agencies for more information regarding the registration, scheduling and exam scopes.**

## CHECK LIST

- |    |   |
|----|---|
| 1. | <b>Application</b> – Completely filled out, no blanks (please see attach application pages 1-3)   |
| 2. | A Full Faced View Photograph 2"x2" of Applicant - <b><i>NO COPIES</i></b>   |
| 3. | A clear copy of the applicants <b>Driver's License</b> .  |
| 4. | <b>Application Fee:</b> \$50.00 (Subject to change) (checks and money orders should have the driver's license number of the person making the payment and make checks payable to St. Lucie County.)<br><b>Sponsorship Fee</b> (if applicable.)  |
| 5. | <b>A letter of reciprocity from the sponsored jurisdiction</b> for those applicants who have obtained a grade of 70.0% or higher. When submitted, the date of the competency examination shall not be older than five (5) years. If the date of the competency examination is older than 5 years please contact staff for further instructions.<br><p style="text-align: center;"><b><u>A letter of reciprocity shall not be older than six (6) months.</u></b></p> <p><b>If St. Lucie County Sponsored the applicants and the dates are not older than five years, the test scores will automatically be added to the file. If it's older than 5 years, please contact staff for further instructions.</b></p>   |
| 6. | <b>A Total of three (3) letters of recommendation</b> , two (2) from reputable business or professional persons <b>not related by blood or marriage</b> to the applicant. One (1) of the letters of recommendation verifying the required years of experience shall be from a contractor certified or registered by the State of Florida or the state in which the applicant most recently resided before becoming a resident of the State of Florida. The contractor's license number must be included in the letter.<br><p>If the contractor who is verifying the experience is related by blood or marriage, the contractor must provide proof of being active as a contractor registered or certified by the State of Florida or the State in which the contractor most recently resided. <b>All three (3) letters</b> of recommendation shall address the applicant's knowledge, experience, and ability as a contractor.</p> <p style="text-align: center;"><b><u>All three (3) letters shall be notarized</u></b></p> <p style="text-align: center;"><b><u>OR</u></b></p> <p>An Affidavit of Field Experience completed by a <b>Licensed Plumber Contractor</b> certified or registered by the State of Florida or the state in which the applicant most recently resided before becoming a resident of the State of Florida. The contractor's license number must be included.</p> <p>If the contractor who is verifying the experience is related by blood or marriage, the contractor must provide proof of being active as a contractor registered or certified by the State of Florida or the State in which the contractor most recently resided. The Contractor's signature must be notarized. This form is intended for verification of field experience only.</p> <p><b>Plus</b> two (2) letters of recommendation from reputable business corporations or professionals, <b>not related by blood or marriage</b> to the applicant.</p> |

**Board Dates are scheduled every other month on the 3<sup>rd</sup> Wednesday of the month and the cut-off date is the 1<sup>st</sup> Friday. (The Board meeting schedule is at the end of the application)**

**Applicant is responsible for making sure application is complete prior to cut-off date.**

**All items on the checklist that applies including the test scores must be submitted to complete the application.**

# ST. LUCIE COUNTY APPLICATION

<b>APP FEE</b>	<b>\$50.00</b>	<b>DATE APPLIED:</b>		<b>CERTIFICATE #:</b>	
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DO NOT WRITE ABOVE THIS LINE

**INSTRUCTIONS:**

PAYMENT IS REQUIRED AT THE TIME OF SUBMITTING AN APPLICATION TO COUNTY EXAMINING BOARD. **APPLICATION FEES ARE NOT REFUNDABLE. ALL CHECKS WILL BE MADE PAYABLE TO: ST. LUCIE COUNTY.** THE APPLICATION IS AN AGREEMENT AUTHORIZING THE EXAMINING BOARD TO OBTAIN ANY ADDITIONAL INFORMATION CONCERNING THE APPLICANT'S APPLICATION. THIS INFORMATION MAY CONCERN THE APPLICANT'S FINANCIAL, CREDIT, COLLECTIONS, TAX LIEN STATUS, AND JUDGMENTS. A CONVICTION OF A FELONY IN THE LAST FIVE YEARS MAY RESULT IN A DENIAL OF YOUR LICENSE, PER ST. LUCIE COUNTY CODE OF ORDINANCES.

NON-CONTRACTOR
MASTER PLUMBER

PLEASE PLACE PHOTOGRAPH OF APPLICANT HERE. PHOTO MUST BE FULL-FACED VIEW APPROXIMATELY 2"x 2". A CLEAR & RECOGNIZABLE LIKENESS.

<b>APPLICANT'S NAME</b>						
	FIRST		MIDDLE		LAST	
HOME ADDRESS:						
	STREET ADDRESS OR PO BOX			CITY	ST	ZIP CODE
HOME NUMBER			Email:			
DATE OF BIRTH	GENDER	( ) MALE		CITIZEN OF THE UNITED STATES	( ) YES	
		( ) FEMALE			( ) NO	
<u>If NO, please provide proof of authorization from the US Dept. of Immigration and Naturalization to work in the United States.</u>						

FLORIDA DRIVERS LICENSE # OR VALID ID	
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1. GIVE HISTORY OF YOUR EXPERIENCE IN THE CONSTRUCTION BUSINESS DURING THE LAST TEN (10) YEARS. (PLEASE STATE LENGTH OF TIME IN EACH FIELD AND EMPLOYER.)


2. I AM NOW DULY LICENSED AS A \_\_\_\_\_ CONTRACTOR IN THE FOLLOWING MUNICIPALITIES: **(LEAVE BLANK IF NO LICENSE HELD) DO NOT LIST OCCUPATIONAL LICENSE NUMBERS.**

<u>NAME OF MUNICIPALITIES</u>	<u>COMPETENCY NUMBER</u>

3. IF YOUR ANSWER IS YES TO THE FOLLOWING QUESTION, PLEASE EXPLAIN THE CIRCUMSTANCES IN DETAIL ON A SEPARATE ATTACHED SHEET:

HAVE YOU EVER BEEN CONVICTED OR PRESENTLY CHARGED WITH A MISDEMEANOR INVOLVING MORAL TURPITUDE OR A FELONY WITHIN THE LAST FIVE (5) YEARS?

YES	
NO	

**ALL HOLDERS OF COUNTY CERTIFICATES OF COMPETENCY AS MASTER PLUMBER ARE REGULATED BY ST. LUCIE COUNTY CODE OF ORDINANCES CHAPTER 10, ARTICLE II. VIOLATIONS OF CHAPTER 10, ARTICLE II SHALL BE CAUSE FOR REVOCATION OR SUSPENSION OF COUNTY CERTIFICATIONS.**

**ALL MASTER PLUMBERS SHALL WORK UNDER THE SUPERVISION OF A LICENSED PLUMBER CONTRACTOR.**

**I SHALL COMPLY WITH THE ST. LUCIE COUNTY CODE OF ORDINANCES CHAPTER 10, ARTICLE II.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**AFFIDAVIT**

TO BE ATTESTED TO BEFORE A NOTARY PUBLIC:

STATE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

BEFORE ME, AN OFFICER DULY QUALIFIED TO ADMINISTER OATHS AND TAKE ACKNOWLEDGEMENT, PERSONALLY APPEARED \_\_\_\_\_, KNOWN TO ME TO BE THE PERSON HEREIN DESCRIBED AND SUBSCRIBING HERETO, AND ON OATH DEPOSES AND SAYS: THAT THE STATEMENTS MADE IN THIS APPLICATION, TO THE BEST OF HIS/HER KNOWLEDGE, ARE TRUE AND CORRECT.

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The forgoing instrument was acknowledge before this  
\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by  
\_\_\_\_\_, who is  
personally known to me or has produced \_\_\_\_\_  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Notary

## AFFIDAVIT OF EXPERIENCE

THIS FORM IS **NOT** TO BE COMPLETED BY APPLICANT

This form is intended to verify in-field experience and is not a character reference. A licensed Plumber contractor certified or registered by the State of Florida can **only** verify this experience.

Date:	
Name of Individual <b><u>Verifying</u></b> Experience:	
Company Name:	
Company Address:	
Company City, State, Zip:	
Company Phone #:	
<b><u>Applicant Name:</u></b>	
Dates Employed:	
Total Length of Time In the Field:	
Comments/Additional Information:	
<b><u>Verifiers</u></b> Signature:	
<b><u>License Number:</u></b>	

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The forgoing instrument was acknowledge before this  
 \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by  
 \_\_\_\_\_, who is  
 personally known to me or has produced \_\_\_\_\_  
 \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Notary

**ST. LUCIE COUNTY, FLORIDA  
CONTRACTOR CERTIFICATION BOARD  
2024 BOARD MEETING SCHEDULE**

**THE FOLLOWING CUT OFF DATES ARE FINAL.** APPLICATIONS SUBMITTED AFTER THE CUTOFF DATE WILL BE SCHEDULED FOR THE FOLLOWING MONTHLY BOARD MEETING, IF COMPLETED. IF THE APPLICATIONS ARE NOT COMPLETED, THEY WILL NOT BE REVIEWED.

Complete application includes everything on the check list including the test scores.

**CUT OFF DATES**

**BOARD MEETING DATES**

**January 5, 2024**

**January 17, 2024**

**March 1, 2024**

**March 20, 2024**

**May 3, 2024**

**May 15, 2024**

**July 6, 2024**

**July 17, 2024**

**September 6, 2024**

**September 18, 2024**

**November 1, 2024**

**November 20, 2024**

**NOTE:** Staff reserves the right to move applications to the next Agenda.

The Contractor Certification Board meets the third Wednesday of the month in the Commission Chambers, Roger Poitras Annex, 2300 Virginia Avenue, Fort Pierce, Florida, from **8:30 A.M. to 12 NOON.** You can contact our office @ (772) 462-1571 or (772) 462-1672 for directions and questions.