



DPBR Check Out List

Cross Training Program

Name _____ Date _____

Program _____

Student ID Number _____ Start Date _____

Email _____

Step 1

Email this request to wayne@ibcode.net requesting OJT breakdown of hours by instructor.

Step 2 Wayne will email OJT report back

Step 3 (must complete in its entirety)

- ☐ OJT instructor's signoff sheets (must be notarized) (on website)
- ☐ Students OJT total sheet (on website)
- ☐ Fill out BCAIB1 (see notes on how to fill out)
- ☐ ICC certifications

Step 4 Scan all the forms in step 3 and email back to wayne@ibcode.net

Step 5 Wayne will email you back (5 working days)

- Certificate of completion
- Letter for DBPR

Step 6 Send to DPBR (just the following)

- ☐ BCAIB 1 and \$5.00
- ☐ England certificate of Completion
- ☐ England Letter for DPBR
- ☐ ICC certificates

Receive License from DPBR 6-8 weeks

*Interoffice
Date
Received*

OJT Sent

*All forms
received*

*\
Certificate
emailed back*

*Date
Complete*



OJT Instructor Signoff

Fill out one per OJT instructor --insert times off the excel spread sheet sent to you

Student's Name _____ ID # _____

OJT Instructor Information

Name (print) _____ Date _____

BCAIB Licenses Held _____ Number _____

NOTE: Current copy of licenses must be attached to application

Mailing Address _____

City _____ State _____ Zip _____

Office Phone _____ Cell _____

Email _____

On the Job Training (initial each item)

_____ I have reviewed the attached OJT documentations (printout) and **initialed each page** and found it to be accurate. **# of hours** _____

_____ I understand any false information could put my licenses as well as the students licenses in jeopardy

OJT Instructor Signature

Date

State of Florida

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, who is personally known to me or produced _____ as identification.

SEAL

Printed Name of Notary

Interoffice

Date received _____

Processed by _____

Number of pages _____



Student Signoff

Student fill out and total up the total OJT hours

Student ID _____ Date _____

Student's Name _____

BCAIB Licenses Held _____ Number _____

NOTE: Current copy of licenses must be attached to form

(initial each item)

____ I have completed the 128-core training program with a passing grade of 70 or more

____ I understand any false or misleading information could put my licenses in jeopardy

On The Job Trainer	Lic Number	Hours

Student Signature

Date

State of Florida

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, who personally know to me or produced _____ as identification.

SEAL

Printed Name of Notary

Interoffice

Date received _____

Processed by _____

Number of pages _____

Cross Training Program

- Follow the following
- Do not leave out any step

Check these
boxes only

State of Florida
Department of Business and Professional Regulation
Building Code Administrators and Inspectors Board
Application for Initial Certification by Examination or Endorsement- Inspectors and Plans
Examiners
Form # DBPR BCAIB 1

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION REQUIREMENTS

ALL License Applicants must submit:

- ☐ Fees:
 - Applicants employed by local governments - \$5 unlicensed activity fee.
 - All other applicants - \$101.25, broken down as follows:
 - \$25 application fee
 - \$25 certification fee
 - \$46.25 examination fee
 - \$5 unlicensed activity fee
- Make check payable to the Florida Department of Business and Professional Regulation.
- ☐ Official transcripts from colleges or universities, if using education as part of experience requirement.
- ☐ Copy of current, active ([Florida](#)) firesafety inspector license if applying by completing a cross-training program and by holding a firesafety inspector license.
- ☒ Copy of documentation demonstrating satisfactory completion of a Board approved cross-training or training program.
- ☐ Supporting legal documentation, or copies of charges or disciplinary record, if necessary. See Sections 2(e-g) of Instructions.
- ☐ If you are applying by endorsement, submit a copy of the exam passing certificate with your application.
- ☐ If affiant of your work experience is not Florida licensed, submit a copy of affiant's license from issuing authority or proof of the affiant position if licensure is not required from the government authority..
- ☐ If you are seeking your first standard license by possessing 2 years' experience in the field of construction, building code inspection, plan review, fire plans review of new building as a firesafety inspector by completing a board-approved-training program and providing proof of completion of at least two hundred (200) but not more than three hundred (300) hours of cross-training program in the licensure category sought, affidavits of work experience are not required to be submitted with your application to the Department.

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783

WORK EXPERIENCE

Work experience detail is often too general and is missing hands-on experience. The person certifying your experience (affiant) should be specific when explaining your duties and actual hands on experience. In order to process your application more quickly, and not have your application returned to you, describe work experience in detail including hands-on, supervisory or management responsibilities. If affiant of your work experience is not Florida licensed, submit a copy of affiant's license from issuing authority, or proof of the affiant position if licensure is not required from the government authority.

468.613 Certification by endorsement.—The board shall examine other certification or training programs, as applicable, upon submission to the board for its consideration of an application for certification by endorsement. The board shall waive its examination, qualification, education, or training requirements, to the extent that such examination, qualification, education, or training requirements of the applicant are determined by the board to be comparable with those established by the board. The board shall waive its examination, qualification, education, or training requirements if an applicant for certification by endorsement is at least 18 years of age; is of good moral character; has held a valid building administrator, inspector, plans examiner, or the equivalent, certification issued by another state or territory of the United States for at least 10 years before the date of application; and has successfully passed an applicable examination administered by the International Code Council. Such application must be made either when the license in another state or territory is active or within 2 years after such license was last active.

NOTE: if you are completing the inspector and plan reviewer –you need to fill out two different packages

QUALIFICATION FOR CERTIFICATION	
Please check ONE box	The experience and education submitted should demonstrate one of the following methods of qualification. PLEASE SELECT ONE OF THE FOLLOWING METHODS OF QUALIFICATION BY INDICATING YOUR SELECTION IN THE APPROPRIATE CHECK BOX.
<input type="checkbox"/>	Demonstrates four (4) years combined experience in the field of construction or a related field, building code inspection, or plans review corresponding to the certification category sought. 468.609(2)(c)(1), F.S.
<input type="checkbox"/>	Demonstrates a combination of postsecondary education in the field of construction, building experience which totals three (3) years, with at least one (1) year of such total being experience in construction, building code inspection, or plans review. 468.609(2)(c)(2), F.S.
<input type="checkbox"/>	Demonstrates a combination of technical education in the field of construction or a related field and experience which totals three (3) years, with at least one (1) year of such total being experience in construction, building code inspection, or plans review. 468.609(2)(c)(3), F.S.
<input type="checkbox"/>	Currently holds a standard certificate issued by the board or a firesafety inspector license issued pursuant to Chapter 633, F.S., with a minimum of three (3) years of verifiable experience in firesafety inspection or firesafety plan review, and satisfactorily completes a building code inspector or plans examiner cross-training program that provides at least 100 hours but not more than two hundred (200) hours of cross training in the certification category sought. 468.609(2)(c)(4), F.S. [cross-training program]
<input type="checkbox"/>	Demonstrates a combination of the completion of an approved training program of at least two hundred (200) hours but not more than three hundred (300) hours of cross –training in the field of building code inspection or plan review and a minimum of two (2) years' experience in the field of building code inspection, plan review, fire code inspection and fire plans review of new buildings as a firesafety inspector certified under Section 633.081(2), F.S., or construction. 468.609(2)(c)(5), F.S. [training program]
<input type="checkbox"/>	Currently holds a standard certificate issued by the board or a fire safety inspector license issued pursuant to Chapter 633, F.S., has at least four (4) years of verifiable full-time experience as an inspector or plans examiner in a standard certification category currently held or has a minimum of four (4) years verifiable full-time experience as a fire safety inspector licensed pursuant to Chapter 633, F.S., and has completed a building code inspector or plans examiner classroom training course or program that provides at least two hundred (200) but not more than three hundred (300) hours in the certification category sought, except for residential training programs which must provide at least five hundred (500) hours, but not more than eight hundred (800) hours of training as prescribed by the board. 468.609(2)(c)(6), F.S. [training program]
<input type="checkbox"/>	Currently hold an equivalent certification issued by another state or territory of the United States with a minimum of 10 years of experience and have passed an examination administered by the International Code Council and seeking a standard license by endorsement.
<p>Meets eligibility requirements for certification as a residential inspector as set forth in Rule 61G19-6.017, Florida Administrative Code.</p> <p>a. Five years' experience as a registered or certified state general, building, or residential contractor in a supervisory capacity that included operational control and direction of building, mechanical, electrical, and plumbing personnel or subcontractors on residential projects; or</p> <p>b. Five years' experience as a job superintendent or project manager in a supervisory capacity that included operational control and direction of building, mechanical, electrical, and plumbing personnel or subcontractors on residential projects; or</p> <p>c. Five years' experience including two years of hands-on electrical experience, two years of hands-on building experience, and one year of hands-on experience in either mechanical or plumbing; or</p> <p>d. Standard certification as an inspector in any of the categories listed in Section 468.603(6), F.S., plus at least six months' hands-on experience in each of the following areas in which the applicant does not hold standard certification: building, plumbing, electrical, and mechanical; or</p> <p>e. A combination of postsecondary education in the field of construction or a related field and experience in the category sought which totals four years, with at least one year of such total being experience in the category sought in construction, building code inspection, or plans review; or</p> <p>f. A combination of technical education in the field of construction or a related field and experience in the category sought which totals four years, with at least one year of such total being experience in the category sought in construction, building code inspection, or plans review; or</p> <p>g. Standard certification as an inspector in any of the categories listed in Section 468.603(6), F.S., plus satisfactory completion of a residential training program of not less than 500 hours. [training program]</p> <p>h. Standard certificate/license as a firesafety inspector issued pursuant to Chapter 633, F.S., with four years verifiable full-time experience conducting firesafety inspections plus satisfactory completion of a residential inspector training program of not less than 500 hours. [training program]</p>	

If you have at least (1) Florida License and completed the 200-hour program

If you completed the 300-hour program

State of Florida
Department of Business and Professional Regulation
Building Code Administrators and Inspectors Board
Application for Initial Certification by Examination or Endorsement- Inspectors and Plans
Examiners
Form # DBPR BCAIB 1

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.
For additional information see the Instructions at the end of this application.

Section I – Application Type

CHECK TRANSACTION REQUESTED

- ☐ Initial Certification by Examination ☐ Initial Certification by Endorsement

CHECK EXAMINATION CATEGORY

(only one category may be selected per application)

Inspector Categories

- ☐ Building
☐ Mechanical
☐ Coastal Construction
☐ Plumbing
☐ Electrical
☐ Residential

Plans Examiner Categories

- ☐ Building Plans
☐ Mechanical Plans
☐ Plumbing Plans
☐ Electrical Plans

VOLUNTARY CATEGORIES

Qualification requirements for Voluntary Categories may be found in Rule 61G19-6.016, Florida Administrative Code.

Check the appropriate box:

- ☐ Modular Inspector ☐ Roofing Inspector
☐ Modular Plans Examiner ☐ Commercial Pool Inspector (no exam available)
☐ Residential Plans Examiner (no exam required) ☐ Residential Pool Inspector (no exam available)

SPECIAL TESTING ACCOMMODATIONS

If you require special testing accommodations due to disability or if you have a religious conflict with the scheduled examination date, please contact the Bureau of Education and Testing immediately at 850.488.5952 for detailed information.

EXAMINATION HISTORY

Have you ever taken and passed the Florida Principles & Practice examination? Yes ☐ No ☐

Date you passed the Florida Principles & Practice examination: (mm/dd/yyyy) ____/____/____

Have you ever taken and passed an applicable examination administered by ICC? Yes ☐ No ☐

Date(s) you passed an ICC examination: (mm/dd/yyyy) ____/____/____

LOCAL GOVERNMENT EMPLOYEES

Applicants employed by local governments may apply to take the certification examination for a fee of \$5. To qualify for the fee reduction local government employees must provide Work Experience showing current employment with a local government agency that is signed by the building code administrator.

Section II – Applicant Personal Information

PERSONAL INFORMATION				
Social Security Number*				
FULL LEGAL NAME				
Last Name	First	Middle	Suffix	
Birth Date (MM/DD/YYYY) / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
MAILING ADDRESS				
Do you wish to mark your address private, pursuant to Section 119.071(4), Florida Statutes? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Business Phone Number		
ADDITIONAL INFORMATION (OPTIONAL)				
Alternate Phone Number		Fax Number		
Alternate E-Mail Address				
CURRENT/PRIOR LICENSE INFORMATION				
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):				
1. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
2. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
3. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
PRIOR NAME INFORMATION				
Have you used, been known as, or are currently known by another name (example - maiden name, nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If your answer is yes, state name or names used below:				
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Note:

Protect your privacy

England training
does not want
your social
security number

Do not put on
emailed copy to
US

Fill out completely

Section III- Employment History

If you were issued a provisional certificate for the category for which you are applying for on or after **November 30, 2011** you can skip this section. The Employment History and Education portions of this application are on file with the Department. **If you qualify for this exemption; check here:** ☐

EMPLOYMENT HISTORY	
1. Employer Name and Address:	
Dates employed (mm/yyyy to mm/yyyy):	
Employer Phone Number:	
Employer License Number:	Email:
Contact:	Applicant's Title or Position:
2. Employer Name and Address:	
Dates employed (mm/yyyy to mm/yyyy):	
Employer Phone Number:	
Employer License Number:	Email:
Contact:	Applicant's Title or Position:
3. Employer Name and Address:	
Dates employed (mm/yyyy to mm/yyyy):	
Employer Phone Number:	
Employer License Number:	Email:
Contact:	Applicant's Title or Position:
4. Employer Name and Address:	
Dates employed (mm/yyyy to mm/yyyy):	
Employer Phone Number:	
Employer License Number:	Email:
Contact:	Applicant's Title or Position:
5. Employer Name and Address:	
Dates employed (mm/yyyy to mm/yyyy):	
Employer Phone Number:	
Employer License Number:	Email:
Contact:	Applicant's Title or Position:
6. Employer Name and Address:	
Dates employed (mm/yyyy to mm/yyyy):	
Employer Phone Number:	
Employer License Number:	Email:
Contact:	Applicant's Title or Position:

Fill out completely

**Starting with current
employer (jurisdiction)**

Section IV– Education

EDUCATION

1. School Name and Address:		Dates attended (mm/yyyy to mm/yyyy):
England Training LLC 7620 Rivers Ave, suite 370-101, Charleston, SC 29406		6/2017 to 12/2017
Course of Study:		Certificate/Degree Issued:
_____cross training program		_____Cross Training
		Class/Semester Hours Completed:
		200 hours
2. School Name and Address:		Dates attended (mm/yyyy to mm/yyyy):
		Certificate/Degree Issued:
Course of Study:		Class/Semester Hours Completed:
3. School Name and Address:		Dates attended (mm/yyyy to mm/yyyy):
		Certificate/Degree Issued:
Course of Study:		Class/Semester Hours Completed:
4. School Name and Address:		Dates attended (mm/yyyy to mm/yyyy):
		Certificate/Degree Issued:
Course of Study:		Class/Semester Hours Completed:

Add colleges and or
high school here

Section V– Background Information

BACKGROUND INFORMATION		
1.	Yes <input type="checkbox"/> (If yes, please complete Section VI)	No <input type="checkbox"/> Have you ever been convicted or found guilty of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION WILL BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	Yes <input type="checkbox"/> (If yes, please complete Section VII)	No <input type="checkbox"/> Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraudulent or dishonest dealing, or is there any such case or investigation pending?
3.	Yes <input type="checkbox"/> (If yes, please complete Section VII)	No <input type="checkbox"/> Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	Yes <input type="checkbox"/> (If yes, please complete Section VII)	No <input type="checkbox"/> Has any license, registration or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or withdrawn in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

Answer all these

If you answered "YES" to any question in questions 1 – 4 above, please refer to Sections 2(e-g) of Instructions for detailed instructions on providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section VII for your response to question 1, and complete Section VII for your response to questions 2 through 4. If you have more than two offenses to document in Section VI or need additional sheets for Section VII, attach copies of those pages as necessary.

Section VI – Explanations for “Yes” answers to Question 1 – Attach additional copies as necessary

EXPLANATION		
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

Mark them N/A if they don't apply

EXPLANATION		
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

Section VII – Explanations for “Yes” answers to Questions 2-4 – Attach additional copies as necessary

EXPLANATION	
State/Jurisdiction:	Application Type/License Number:

Section VIII-Work Experience

WORK EXPERIENCE

This section must be completed by an architect, engineer, contractor, fire marshal, or building code administrator, who has personal knowledge of the applicant's experience for the period of time listed below.

Instructions:

Provide employment verification for the years of experience required for qualification for certification. Attach additional copies of this page as necessary.

Note: Local Government Employees- To qualify for the fee reduction local government employees must provide Work Experience showing current employment with a local government agency that is signed by the building code administrator.

Applicant Name: _____

Employing Agency/Company Name: _____

Agency/Company Address: _____

Dates of employment by Agency/Company

Date (From)
/ /Date (To)
/ /

Agency/Company Phone Number: _____

Position of Applicant: _____

Describe in detail the applicant's duties, including hands-on, supervisory or management responsibilities. Please be specific when explaining the applicant's duties and hands-on experience.

I attest that the applicant named above has been employed by the agency/company in a: **(Check One)**

☐supervisory ☐managerial ☐trade position for _____ years

Providing false or misleading information is grounds for discipline of your license under 455.227(1)(a) and (l), F.S.

Print name of licensed architect, engineer, contractor, fire marshal or building code administrator verifying employment and experience: _____

License number of person verifying employment and experience: _____

Signature of person verifying employment and experience: _____

Date: _____

Section IX- Affirmation by Written Declaration

AFFIRMATION BY WRITTEN DECLARATION

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. **I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

Signature: _____

Date: _____

Print Name: _____

Sign and date

If working for a jurisdiction (3rd party) have the BO/ supervisor fill this out

Position of Applicant: what you do now (not the cross training)

Describe:

Mr. Jones did this (Not- I did this)

Your duties as an inspector/ plan reviewer

Cover 8-10 lines

Check here

BO name

DPBR (designers) License number

Signature

Date (make sure after completion of cross training program)