



BOARD OF COUNTY COMMISSIONERS
ESCAMBIA COUNTY, FLORIDA

Development Services Department
3363 West Park Place, Pensacola, FL 32505
(850) 595-3550 - Telephone
(850) 595-3401 - Facsimile
www.myescambia.com

ET 2009
issued 2/22/12

CONTRACTOR LICENSE / RECIPROCITY
License Application Sufficiency Review

Name of Applicant Michael J. Rutledge Date 2/16/12
Phone 850/685-2210 or 683-8010

The following documents are required in accordance with State Law F.S. 489.105 and Sec. 18 - 35.

- Applicant is at least 18 years of age.
- Completed, signed and notarized Application Form.
- Remittance of non-refundable application fee of \$150.
- Letter of Reciprocity from Sponsoring Jurisdiction. (Letter shall include: date of issuance, test score results from a proctored Florida, (i.e., Thomson Prometric), testing firm with a passing score of 75% on both the Trade Exam and the Business and Law exam.)
- Original Experience Verification form proving at least four (4) years of experience, signed by a Licensed Contractor. (W-2's, correspondence from Office Manager, DD-214 may also be submitted as additional evidence of verification). **No self verification will be accepted.**
- Current General Liability, Workers' Comp Insurance and/or Workers' Comp Exemption.
- Copy of valid Drivers License (with photo).
- Copy of State License, if applicable.
- Copy of reciprocating Florida County License.

Intake Review: Becky Miller Date: 2/21/12

Building Official:

Board Chairman:

Approved Denied

Approved Denied

Signature

Signature

Date: 2/22/12

Date: _____



**BOARD OF COUNTY COMMISSIONERS
 ESCAMBIA COUNTY, FLORIDA**

Board of Electrical Examiners • Contractor Competency Board

3363 West Park Place
 Pensacola, FL 32505
 (850) 595-3509 - Phone
 (850) 595-3401 - FAX
 www.myescambia.com

APPLICATION FOR RECIPROCITY

SPONSORSHIP FEE: \$150.00

Please Make Check(s) Payable to Escambia County

BUSINESS & LAW IS REQUIRED OF ALL CATEGORIES (EXCEPT JOURNEYMEN)

1. I am applying for license as a:

- | | |
|---|--|
| <input type="checkbox"/> Air Conditioning "A" | <input type="checkbox"/> Master Plumber w/Gas |
| <input type="checkbox"/> Air Conditioning "B" | <input type="checkbox"/> Mechanical Contractor |
| <input type="checkbox"/> Alarm I* | <input type="checkbox"/> Pool Service |
| <input type="checkbox"/> Alarm II* | <input type="checkbox"/> Pressure Piping |
| <input type="checkbox"/> Alarm Residential* | <input type="checkbox"/> Residential Contractor |
| <input type="checkbox"/> Building Contractor | <input type="checkbox"/> Residential Pool |
| <input type="checkbox"/> Boiler/Piping | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Demolition Contractor | <input type="checkbox"/> Sheet Metal Contractor |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Sign Erector – Non Electrical |
| <input type="checkbox"/> Journeyman Electrical * | <input type="checkbox"/> Solar Water Heating |
| <input type="checkbox"/> Journeyman Gas | <input type="checkbox"/> Specialty Structure Contractor |
| <input type="checkbox"/> Journeyman Plumber | <input type="checkbox"/> Sprinkler/Irrigation Contractor |
| <input type="checkbox"/> Maintenance Electrician* | <input type="checkbox"/> Tower/Antenna Erector |
| <input type="checkbox"/> Marine | <input type="checkbox"/> Underground Utility Contractor |
| <input type="checkbox"/> Master Electrical* | <input type="checkbox"/> Doors/Windows/Siding |
| <input type="checkbox"/> Master Gas | <input checked="" type="checkbox"/> ELECTRICAL SIGN CONTRACTOR |

* See Experience Requirements for Electrical Applicants on Page 2.

2. Have you previously applied to this Board for licensure as a contractor or journeyman? If so, when? NO
3. Name of Individual to be Certified: MICHAEL J. RUTLEDGE
4. Residence Address 3368 W. PLYMPTON RD. city LAUREL HILL
 Zip 32567
5. Date of Birth: 6/9/69 Driver's License # & State Issued: R343-550-69-209-0 FL.
6. Telephone: Home: 652-2443 Business: 683-8010
 Fax: 689-0225 Cell: 685-2210
7. Business Name: SIGNS GALORE INC.

RECEIVED

FEB 16 2012

LICENSING & INVESTIGATIONS SECTION
 CONTRACTOR LICENSING

COMPETENCY BOARD

8. List the numbers of all State of Florida registered/certified Contractor Licenses that you currently hold/held:

ET 11000881

9. Were you ever refused a local/state certificate of competency? _____ Yes No
If yes, please explain, in detail, on a separate sheet of paper and attach.

10. Are there any charges currently pending against you which would be grounds for disciplining your license(s)? _____ Yes No
If yes, please explain, in detail, on a separate sheet of paper and attach.

EXPERIENCE FROM ANOTHER STATE:

If your work experience is outside the State of Florida, you will need to provide the following:

- 11. If you were self-employed, we will need a copy of your license that covers a 4-year period;
- 12. If you were employed by someone who held a license, we will need a copy of their license that covers a 4-year period and the Verification of Experience form included in this packet signed by the license holder;
- 13. If no license was required for that particular trade, we will need a letter from a local government official where the experience was obtained, stating that no license was required for that specific type of work. The letter will need to be signed by a government official, on letterhead and notarized. **The letter must be an original document.**

If the answer to any of the following questions is "yes", explain fully on a separate sheet of paper.

Yes No

Have you or a Partnership in which you were a Partner/Authorized Agent ever:

- | | | |
|---|-------|-------------------------------------|
| A. Been declared bankrupt or been a member of a firm adjudicated bankrupt or in bankruptcy proceedings? | _____ | <input checked="" type="checkbox"/> |
| B. Failed to complete a construction contract? | _____ | <input checked="" type="checkbox"/> |
| C. Failed or been a member of a firm which failed to pay subcontractors/material suppliers or employees? | _____ | <input checked="" type="checkbox"/> |
| D. Have liens, law suits, or judgments pending or filed as a result of construction operations? | _____ | <input checked="" type="checkbox"/> |
| E. Ever been convicted or acting in the capacity of a contractor without a license? | _____ | <input checked="" type="checkbox"/> |
| F. Had a contractor's license revoked, suspended, reprimanded, placed on probation, or other discipline? | _____ | <input checked="" type="checkbox"/> |
| G. Have any unpaid, past due bills over 90 days for claims of labor, material or services? | _____ | <input checked="" type="checkbox"/> |
| H. Ever been convicted of a crime, had adjudication withheld, or presently under a charge of committing a felony? | _____ | <input checked="" type="checkbox"/> |

NOTE: ANY APPLICANT WHO ANSWERS "YES" TO ANY QUESTION CONTAINED IN THE FINANCIAL RESPONSIBILITY SECTION OF THIS FORM MUST SUPPLY A COMPLETE EXPLANATION OF THE RESPONSE AND INCLUDE A STATEMENT DETAILING THE STEPS TAKEN BY THE APPLICANT TO PREVENT A RECURRENCE OF THE CIRCUMSTANCES LEADING TO THE CONVICTION, DISCIPLINE, JUDGMENT, BANKRUPTCY, OR OTHER EVENT LEADING TO THE RESPONSE. INCLUDE ANY PROOF OF PAYMENT, SATISFACTION OF LIENS, JUDGMENTS, PROBATION REQUIREMENTS, AND BANKRUPTCY DISCHARGE PAPERS.

AFFIDAVIT

The undersigned hereby makes application for licensure under the provisions of the Escambia County Code of Laws and Ordinances and vouches for the truth and accuracy and answers herein contained. Any willful falsification of any information contained in this application or attached forms are grounds for disqualification. If you are qualifying as an individual, only you need to sign below. If you are qualifying a Proprietorship, you and the Owner must sign. If a Corporation is being qualified, the signatures of the President, Vice-President and Secretary are also required. If it is a Partnership, each Partner must also attest the information is correct. List all license numbers held by these individuals in the spaces provided below.

Michael J Rutledge ET11000881 2/16/12
Applicant's Signature Licenses Held Date

Signature of Partner/President/Sole Proprietor/Owner Date

Signature of Partner/Vice-President Date

Signature of Secretary/Treasurer Date

I certify I will act for the firm, partnership, or corporation for which I am qualifying in all matters concerning business, and I will actively supervise all construction work and be responsible for ascertaining that all such work is completed according to approved plans, applicable codes, and good construction standards. If at any time during this certification, I cease to be able to act for this business organization, I will immediately notify the Escambia County Contractor Competency Board in writing.

All information contained herein including all supplementary pages and attachments shall become part of public records upon your signature, except for those items excluded by the Privacy Act. I affirm the information I have given in this application is true and accurate and I understand any willful falsification constitutes grounds for disqualification. If I am currently a licensee, I understand action may be taken against my license if untrue statements are made in this application.

I hereby certify I have read the application and the accompanying instruction sheet and have answered all questions truly and honestly and enclosed the application fee of \$150. I understand that my certificate can be suspended or revoked for good cause shown.

Michael J. Rutledge 2/16/12
Applicant's Signature Date

STATE OF Florida
COUNTY OF Escambia

The applicant who name is Michael J Rutledge
Personally appeared before me and is personally known and/or produced as identification ADJH
1343 550 69 204 - 0

SWORN TO AND SUBSCRIBED before me this 16 day of February, 2012.

Jackie B French
NOTARY PUBLIC

(SEAL) JACKIE B. FRENCH
MY COMMISSION # DD 979811
EXPIRES: April 7, 2014
Bonded Thru Budget Notary Services

Approved: _____ Rejected: _____
Chairman
_____ Board of Electrical Examiners
_____ Contractor Competency Board
Date: _____



Department of Growth Management

State of Florida

January 11, 2012

Escambia County Licensing Department
3363 West Park Place
Pensacola, FL 32505

Dear Becky Miller,

This letter is to verify that **Michael J. Rutledge** took the **Electrical Sign Installation** examination for Okaloosa County on **June 5, 2010**. This exam was prepared, proctored and graded by Prometric. Exam Score: **80.0%**. (75.0% is passing).

This letter is to verify that **Michael J. Rutledge** took the **Business & Law** examination for Okaloosa County on **June 5, 2010**. This examination was prepared, proctored, and graded by Prometric. His score was **88.0%**. (75.0% is passing)

Mr. Rutledge's applicant number was **595342779**.

Mr. Rutledge currently holds an active Electrical Sign Contractor competency license with Okaloosa County. He has no complaints filed against him in our county.

If you should have any questions, please feel free to contact me.

Sincerely,

Renée Lucas
License Specialist
(850) 651-7526
(850) 651-7184 fax
rlucas@co.okaloosa.fl.us

RECEIVED

JAN 17 2012

LICENSING & INVESTIGATIONS

1804 Lewis Turner Blvd, Suite 200
Fort Walton Beach, FL 32547
(850) 651-7180
FAX (850) 651-7058

812 E James Lee Blvd
Crestview, FL 32539
(850) 689-5080
FAX (850) 689-5088



EXAMINATION RESULTS NOTIFICATION
June 10, 2010

Michael J Rutledge
3368 W Plympton Rd
Laurel Hill, FL 32567

595-34-2779

Dear Candidate:

We are pleased to inform you that you achieved a passing score on your recent Okaloosa County examination.

Your score(s) are as follows:

06/05/2010 Pensacola, FL

Business and Law

88

Pass

Okaloosa County requires a passing percentage of 75%.

Please note that passage of the exam is no guarantee a certificate of qualification will be issued by the Licensing Board.

To help you gain the recognition you deserve, Prometric has prepared a Certificate of Achievement, beautifully designed and very suitable for framing (8-1/2 x 11) for only \$30.00 per category.

Please fill out the order form below, cut along the dotted line, then send the completed form to Prometric. Payment options: check, money order, Visa or MasterCard. Credit card orders may be faxed to (800)813-6670. All others send to Prometric, 1260 Energy Lane, St. Paul MN 55108. Allow 2-3 weeks for delivery.

Certificate of Achievement Request

Michael J Rutledge
3368 W Plympton Rd
Laurel Hill, FL 32567

595-34-2779

Okaloosa County - Business and Law - 06/05/2010

Quantity

___ x \$30.00 = _____

For credit card payment, complete the following.

Card Type: Visa _____ Mastercard _____

Card No. _____ Exp. Date _____

Signature _____

F178 - fl-pens - B



EXAMINATION RESULTS NOTIFICATION
June 10, 2010

Michael J Rutledge
3368 W Plympton Rd
Laurel Hill, FL 32567

595-34-2779

Dear Candidate:

We are pleased to inform you that you achieved a passing score on your recent Okaloosa County examination.

Your score(s) are as follows:

06/05/2010 Pensacola, FL

Master Sign Electrical

80 Pass

Okaloosa County requires a passing percentage of 75%.

Please note that passage of the exam is no guarantee a certificate of qualification will be issued by the Licensing Board.

To help you gain the recognition you deserve, Prometric has prepared a Certificate of Achievement, beautifully designed and very suitable for framing (8-1/2 x 11) for only \$30.00 per category.

Please fill out the order form below, cut along the dotted line, then send the completed form to Prometric. Payment options: check, money order, Visa or MasterCard. Credit card orders may be faxed to (800)813-6670. All others send to Prometric, 1260 Energy Lane, St. Paul MN 55108. Allow 2-3 weeks for delivery.

Certificate of Achievement Request

Michael J Rutledge
3368 W Plympton Rd
Laurel Hill, FL 32567

595-34-2779

Okaloosa County - Master Sign Electrical - 06/05/2010

Quantity

_____ x \$30.00 = _____

For credit card payment, complete the following.

Card Type: Visa _____ Mastercard _____

Card No. _____

Exp. Date _____

Signature _____

F178 - fl-pens - B

Okaloosa County Electrical Contractor Experience Affidavit

A person shall be entitle to take the examination for the purpose of determining whether he or she is qualified to engage in Electrical Contracting, Alarm System Contracting, or Specialty Electrical Contracting throughout Okaloosa County if the person is 22 years of age or older and meets eligibility requirements according to one of the following criteria:

1. Has, within the 6 years preceding the filing of the application, at least three (3) years of proven management experience in the trade or education equivalent thereto, or a combination thereof, but not more than one-half (1/2) of such experience may be education equivalent.

2. Has, within the eight (8) years immediately preceding the filing of the application, at least four (4) years experience as a foreman, supervisor, or contractor in the trade for which he/she is making application.

3. Has, within the twelve (12) years immediately preceding the filing of the application, at least six (6) years of comprehensive training, technical education, or supervisory experiences associated with an electrical or alarm system contracting business, or at least six (6) years of technical experience in electrical or alarm system work with the Armed Forces or a government entity.

4. Has, within the twelve (12) years immediately preceding the filing of the application, been licensed for three (3) years as a professional engineer who is qualified by education, training or experience to practice electrical engineering.

*For purposes of this subsection "supervisory" means a person having the experience gained while having the general duty of overseeing the technical duties of the trade, provided that such experience is gained by a person who is able to perform the technical duties of the trade without supervision. *

NOTE: ANY FALSE INFORMATION PROVIDED ON THIS FORM MAY SUBJECT THE PERSON SIGNING TO DISCIPLINARY ACTION. THE PERSON SIGNING MUST BE A LICENSED CONTRACTOR, AND FALSE INFORMATION ON THIS FORM COULD RESULT IN THE LOSS OF LICENSE.

Name of Applicant MICHAEL J. RUTLEDGE

JACK C. MOTT
Print Name of Person Verifying Experience

PO Box 181 Niceville, FL
Address

ER 0010003
State License Number & State Licensed In

850-729-8605
Phone Number with Area Code

I certify that the above information is true and correct this 4 day of March 2010

[Signature]
Signature of person verifying experience

STATE OF: Florida COUNTY OF: Okaloosa

The above license holder, whose name is JACK C. MOTT, personally appeared before me and is known by me or has produced identification (type of I.D.) FL DK. LIC. on this 4th day of MARCH 2010.

Judy D. Harris
Notary's Signature

20 Aug 2012
My Commission Expires

