



BOARD OF COUNTY COMMISSIONERS
ESCAMBIA COUNTY, FLORIDA

Construction Competency Board • Board of Electrical Examiners

Pending
9-11-13

Building Inspections Division
3363 West Park Place, Pensacola, FL 32505
(850) 595-3693 - Phone
(850) 595-3401 - FAX
www.myescambia.com

Mr. Richard J. Muckey, Jr.
3753 Monopoly Ct
Gulf Breeze, FL 32563

**RE: Application For Reciprocity – General Contractor
Application No.: APP130800024**

Dear Mr. Muckey:

It was a pleasure to meet you earlier this morning. This correspondence will confirm action taken by the Contractor Competency Board regarding your Application for Reciprocity (General Contractor).

Your application was approved, contingent upon submission of an Experience Verification Form proving four (4) years hands on experience in the general construction trade, including one (1) year supervisory experience. This form must be completed by a licensed contractor and notarized. Additionally, you will be required to pay a fee of \$150 for issuance of your initial Certificate of Competency License with an annual registration fee of \$125 beginning in 2014.

Again, thank you for this opportunity to be of assistance to you. Should you require further information, please contact me at (850) 595-3693 or email at gsgarret@myescambia.com

Sincerely,

Sue Garrett
Secretary to
Escambia County Contractor Competency Board
Escambia County Board of Electrical Examiners

/sgw

W/enclosures: 1) Exp Verify Form
2) Out-of-State Exp Form



BOARD OF COUNTY COMMISSIONERS
ESCAMBIA COUNTY, FLORIDA

Development Services Department
3363 West Park Place, Pensacola, FL 32505
(850) 595-3509 - Telephone
(850) 595-3401 - Facsimile
www.myescambia.com

APP 130800024

Present

CONTRACTOR LICENSE / RECIPROCIITY
License Application Sufficiency Review

Name of Applicant Richard Muddy
Phone 850-889-6411

Date 8/5/13

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., Prometric, etc.), 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 ~

TD/V...
approve upon staff approval of four - 10 Oct 2013
ME
Rating
issuable

- Current General Liability, Workers' Comp Insurance and/or Workers' Comp Exemption.
- Proof of current Continuing Education requirements. has until 2015 to complete -
- Copy of valid Drivers License (with photo).
- Copy of State License, if applicable. Registered 6/26/13@DBPR (RG 291103865)
- Copy of reciprocating Florida County License.

Intake Review: DAR Date: 8/5/13

B.B. 13 called Richard advised will need Exp Verif form - emailing - gr

Building Official:
Approved _____ Denied _____

Board Chairman:
Approved _____ Denied _____

Signature _____
Date: _____

Signature _____
Date: _____

9/4/13 - spoke to Richard & advised he must attend 9/11/13 mtg. Confirmed he was licensed in other State in plumbing related trade (journeyman/apprentice?). He states he has always worked, especially in other state, in general construction since 1993

Scanner



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

APP 13080024

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 checked="" 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 | |

* 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: Richard J Muckey Jr.
4. Residence Address 3753 Monopoly Ct City Gulf Breeze
Zip 32563
5. Date of Birth: 03/18/72 Driver's License # & State Issued: KS 01550498
6. Telephone: Home: N/A Business: 8503208081
Fax: 850 932 5888 Cell: 850 889 6411
7. Business Name: Gulf Coast Dream Homes Inc.
- rick.gedh@gmail.com

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.

<u>Richard Muckey Jr.</u>	<u>RG291103865</u>	<u>7/24/13</u>
Applicant's Signature	Licenses Held	Date
<u>Richard Muckey Jr.</u>		<u>7/24/13</u>
Signature of Partner/President/Sole Proprietor/Owner		Date
<u>[Signature]</u>		<u>7/24/13</u>
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.

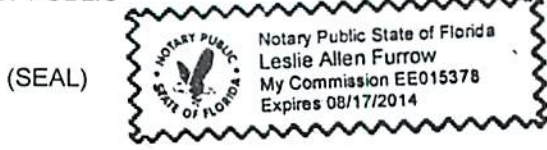
Richard Muckey Jr. 7/24/13
 Applicant's Signature Date

STATE OF Florida
 COUNTY OF Santa Rosa

The applicant who name is Richard James Muckey
 Personally appeared before me and is personally known and/or produced as identification personally known

SWORN TO AND SUBSCRIBED before me this 24th day of July, 2013.

Leslie Allen Furrow
 NOTARY PUBLIC



Approved: _____	Rejected: _____

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

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

RG291103865

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.



Santa Rosa County Development Services



Beckie Cato, AICP
Planning and Zoning Director

Tony Gomillion
Public Service Director

Rhonda C. Royals
Building Official

July 29, 2013

ORIGINAL

Escambia County Contractor Licensing
3363 West Park Place
Pensacola, FL 32505
(850) 595-3509 Fax (850) 595-3401

RE: Richard J Muckey, Jr
Registered General Contractor

Attn: Contractor Licensing:

This letter is to verify that **Richard J Muckey, Jr** took the **General Construction and Business & Law** exams for Santa Rosa County in Kansas City, MO on January 5, 2013 and made passing grades of **81%** and **82%** consecutively. The examinations were prepared, proctored and graded by Prometric.

Richard J Muckey, Jr currently holds an active Santa Rosa County Contractor Competency Card.

If you require any further information, please contact me at (850) 981-7034.

Yours truly,

Robyn J Leverton
Santa Rosa County
Contractor Licensing

Copy: Contractor

Santa Rosa County Public Service Complex
6051 Old Bagdad Highway, Suite 202 Milton, Florida 32583
www.santarosa.fl.gov
Office: (850) 981-7000



Santa Rosa County *COMPETENCY CARD*
6051 Old Bagdad Hwy, Suite 202, Milton, FL 32583

CONTRACTOR NUMBER: TT0967207

CLSS: General Contractor

CONTRACTOR NAME: RICHARD J MUCKEY, JR

DBA: GULF COAST DREAM HOMES, INC

ADDRESS:
3753 MONOPOLY CT,
GULF BREEZE, FL 32563

STATUS: Active
EXPIRE DATE: 09/30/2013
WC EX:

STATE EX:
GEN LIB EX: 05/13/2014

Santa Rosa County *COMPETENCY CARD*
6051 Old Bagdad Hwy, Suite 202, Milton, FL 32583
TT0967207

General Contractor
RICHARD J MUCKEY, JR
DBA GULF COAST DREAM HOMES, INC
3753 MONOPOLY CT, GULF BREEZE, FL 32563

STATUS: Active
Expire Date: 09/30/2013
WC EX:

STATE EX:
TAN REC #
GEN LIB EX: 05/13/2014



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

MUCKEY, RICHARD JAMES
GULF COAST DREAM HOMES INC.
3753 MONOPOLY COURT
GULF BREEZE FL 32563

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

RG291103865 ISSUED: 06/26/2013

REGISTERED GENERAL CONTRACTOR
MUCKEY, RICHARD JAMES
GULF COAST DREAM HOMES INC.
(INDIVIDUAL MUST MEET ALL LOCAL
LICENSING REQUIREMENTS PRIOR
TO CONTRACTING IN ANY AREA)

HAS REGISTERED under the provisions of Ch.489 FS.
Expiration date : AUG 31, 2015 L1306260000306



The Department of State is leading the commemoration of Florida's 500th anniversary in 2013. For more information, please go to www.VivaFlorida.org.

DETACH HERE

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER	
RG291103865	

The GENERAL CONTRACTOR
Named below HAS REGISTERED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2015
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

MUCKEY, RICHARD JAMES
GULF COAST DREAM HOMES INC.
3753 MONOPOLY COURT
GULF BREEZE FL 32563



RICK SCOTT
GOVERNOR

ISSUED: 06/26/2013 SEQ # L1306260000306
DISPLAY AS REQUIRED BY LAW

KEN LAWSON
SECRETARY

12:26:26 PM 9/5/2013

Licensee Details

Licensee Information

Name: **MUCKEY, RICHARD JAMES (Primary Name)**
GULF COAST DREAM HOMES INC. (DBA Name)

Main Address: **3753 MONOPOLY COURT**
GULF BREEZE Florida 32563

County: **SANTA ROSA**

License Mailing:

LicenseLocation:

License Information

License Type: **Registered General Contractor**

Rank: **Reg General**

License Number: **RG291103865**

Status: **Current,Active**

Licensure Date: **06/26/2013**

Expires: **08/31/2015**

Special Qualifications Qualification Effective

Construction 06/26/2013

Business

[View Related License Information](#)

[View License Complaint](#)

1940 North Monroe Street, Tallahassee FL 32399 :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

The State of Florida is an AA/EEO employer. **Copyright 2007-2010 State of Florida. Privacy Statement**

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our **Chapter 455** page to determine if you are affected by this change.

Florida *Simultaneous State*

DRIVER LICENSE CLASS E
F600-501-60-262-0

KEITH ALLEN FURROW
 1342 ASHFORD DRIVE
 GULF BREEZE, FL 32563-8960

DOB: 07-22-1960 SEX: M HGT: 5-05
 ISSUED: 06-18-2008
 EXPIRES: 07-22-2014

REST. ENDORSE:

Ken D. [Signature]

ORGAN DONOR
 A 050806180067 SAFE DRIVER
Operation of a motor vehicle constitutes consent to any sobriety test required by law




KANSAS DL

COMM CLS N COMM CLS C
 ISS 10-21-2008 EXP 03-18-2015
 SEX M HT 6-01 EYES BLU WT 212
 DOB 03-18-1972 ENDRS
 ORGAN DONOR ♥

Richard James Muckey Jr.
 DIRECTOR OF VEHICLES & SAFETY

Richard James Muckey Jr.
 2829 MEADOW DR
 LAWRENCE, KS 66047

Rick Muckey
 LICENSE NUMBER K01-55-0498 REST



Cant get my FL DL
 for six months. I have
 To Remove my Restriction.
 Lived her since 2011.



EXAMINATION RESULTS NOTIFICATION

January 9, 2013

Richard J Muckey
3753 Monopoly Ct
Gulf Breeze, FL 32563

XXX-XX-7690

Dear Candidate:

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

Your score(s) are as follows:

01/05/2013 Kansas City, MO

General Construction

81

Pass

Santa Rosa 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

Richard J Muckey
3753 Monopoly Ct
Gulf Breeze, FL 32563

XXX-XX-7690

Santa Rosa County - General Construction - 01/05/2013

Quantity

_____ x \$30.00 = _____

For credit card payment, complete the following.

Card Type: Visa _____ Mastercard _____

Card No. _____ Exp. Date _____

Signature _____

F158 - mo-kans - C



EXAMINATION RESULTS NOTIFICATION
January 9, 2013

Richard J Muckey
3753 Monopoly Ct
Gulf Breeze, FL 32563

XXX-XX-7690

Dear Candidate:

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

Your score(s) are as follows:

01/05/2013 Kansas City, MO

Business and Law

82

Pass

Santa Rosa 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

Richard J Muckey
3753 Monopoly Ct
Gulf Breeze, FL 32563

XXX-XX-7690

Santa Rosa County - Business and Law - 01/05/2013

Quantity

_____ x \$30.00 = _____

For credit card payment, complete the following.

Card Type: Visa _____ Mastercard _____

Card No. _____ Exp. Date _____

Signature _____

F158 - mo-kans - C

PROMETRIC



EXAMINATION RESULTS NOTIFICATION

March 11, 2010

Rick J Muckey
2829 Meadow Dr
Lawrence, KS 66047

██████████7690

Dear Candidate:

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

Your score(s) are as follows:

03/06/2010 Kansas City, MO

Master Plumbing with Gas

83

Pass

Johnson County Contractor Licensing 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

Rick J Muckey
2829 Meadow Dr
Lawrence, KS 66047

507-02-7690

Johnson County Contractor Licensing - Master Plumbing with Gas - 03/06/2010 Quantity _____ x \$30.00 = _____

For credit card payment, complete the following. Card Type: Visa _____ Mastercard _____

Card No. _____ Exp. Date _____

Signature _____

KS72 - mo-kans - B



JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 7/12/2013 **EXPIRATION DATE:** 7/12/2015
PERSON: MUCKEY RICHARD J
FEIN: 462480552

BUSINESS NAME AND ADDRESS:

GULF COAST DREAM HOMES
3753 MONOPOLY COURT
GULF BREEZE FL 32563

SCOPES OF BUSINESS OR TRADE:

LICENSED GENERAL
CONTRACTOR

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.



CERTIFICATE OF LIABILITY INSURANCE

Fax: (850)595-3401

DATE (MM/DD/YYYY)

07/25/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Advance Insurance of Northwest Florida, Inc. 105 A Beverly Parkway Pensacola, FL 32505	CONTACT NAME: Kara McManus PHONE (A/C, No, Ext): (850)469-0880 FAX (A/C, No): (850)469-0883 E-MAIL ADDRESS: brad@GoAdvanceInsurance.com
	INSURER(S) AFFORDING COVERAGE
INSURED Gulf Coast Dream Homes Inc. 3753 Monopoly Ct Gulf Breeze, FL 32563	INSURER A: State National Insurance Company
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 00003703-19584 REVISION NUMBER: 5

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		OS111917	05/13/2013	05/13/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

Escambia County Competency Board
 3363 West Park Place
 Pensacola, FL 32505

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Kara McManus
 (KAM)

* 1993 *
RICHARD J MUCKEY JR
is licensed and authorized as an
Apprentice Plumber and to do
such work within the city limits
of Council Bluffs, Iowa, until
the 31st day of December, 1993.
License # 10408
Issued by: City Clerk
Council Bluffs, Iowa

Year I started in Trades

* 2000 - 2001 *
RICHARD MUCKEY
is registered & authorized as a
Water Softener Master and to do
such business within the city
of Council Bluffs, Iowa, until
the expiration date of 06-01-01.

Registration # 855
Issued by: City Clerk
Council Bluffs, Iowa

MUCKEY, RICHARD
Group:
WATER SOFTNER
Type:
MASTER
Insurance to 01-11-01
37SBAK80181
Bond to 10-19-01
37BSSBAAB736
Phone:
(816)761-1887

* 2000 - 2001 *
RICHARD MUCKEY
is registered & authorized as a
Water Softener Tradesman & to do
such work within the city limits
of Council Bluffs, Iowa, until
the expiration date of 06-01-01.

Registration # 1448
Issued by: City Clerk
Council Bluffs, Iowa

MUCKEY, RICHARD
Group:
WATER SOFTNER
Type:
TRADESMA
Working for:
GENERAL ION SOLUTIONS
Phone:
(402)331-7478

CITY OF COUNCIL BLUFFS, IOWA

* 2001 - 2002 *
RICHARD MUCKEY
is registered & authorized as a
Water Softener Master and to do
such business within the city
of Council Bluffs, Iowa, until
the expiration date of 06-01-02.

Registration # 855
Issued by: City Clerk

* 2001 - 2002 *
RICHARD MUCKEY
is registered & authorized as a
Water Softener Tradesman & to do
such work within the city limits
of Council Bluffs, Iowa, until
the expiration date of 06-01-02.

Registration # 1448
Issued by: City Clerk
Council Bluffs, Iowa

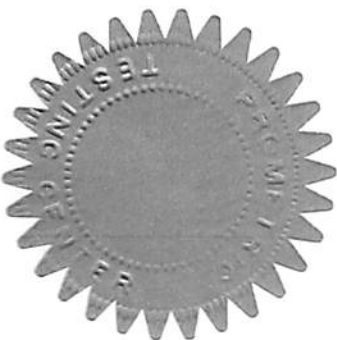
Certificate of Achievement

Presented to

Rick. J. Muckey

As a record of successful completion of the

Master Plumbing with Gas Exam



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CERTIFICATE OF COMPETENCY

Johnson County, Kansas certifies that

Rick J. Muckey

Has taken the Thomson Prometric (Experior) four hour
standard examination for Master Plumbing with Gas

catalog number 30323

On the 6th day of March, 2010

With a 83% percent score.

ATTEST



CERTIFIED BUILDING OFFICIAL

