



**APPLICATION FOR EXAMINATION  
CONTRACTOR LICENSING  
123 W. Indiana Av., Room 203,  
DeLand, FL 32720  
PHONE: 386-736-5957, 248-8158, 424-6828 opt. 2, Fax 386-740-5215**

**CONTRACTOR  
INFORMATION AND INSTRUCTIONS**

**PLEASE READ INSTRUCTIONS THOROUGHLY PRIOR TO COMPLETING YOUR APPLICATION.  
MAKE PHOTOCOPIES FOR YOUR RECORDS. IF DESIRED.**

This complete, **original** application, (no faxes), including credit reports and all supporting documentation is to be turned in for review.

The firm name for which you apply will be the only way it will appear on your certificate.

**All applicants approved by the Chief Building Official for examination will be notified.** Applicants must appear for the examination, or may be subject to processing and re-examination fees. If applicant is denied approval to take an examination, that applicant may appeal the decision to the Contractor Licensing & Construction Appeals Board (CLCA) within 10 days after the date of the decision pursuant to Volusia County Code of Ordinances Chapter 22, Sec. 22-5-1-8.

Original applications may be mailed or dropped off at our office between 8:00 a.m. and 5:00 p.m., Monday through Friday. **If your application is incomplete we will return it to you.**

**Photo:**

One (1), clear, recent, close-up picture of applicant, (maximum 2" x 2").  
A clear photocopy of your Drivers License.

**Pursuant to Section 22-9-2.1 and 22-9-5-2.1 of the Code of Ordinances, each applicant must satisfy the Contractor Licensing Manager of his character and integrity.**

**Credit History:**

As part of this determination, each applicant shall provide a credit report from a nationally recognized credit agency that reflects the financial responsibility of the applicant which provides full, accurate, current, and complete information on the following items in a manner which allows the Contractor Licensing Manager to determine the credit worthiness of the applicant:

- (a) Payment history;
- (b) Credit rating;
- (c) Public filings in county, state and federal courts;
- (d) Bankruptcies, business history, suits, liens, and judgments, all on a nationwide basis;
- (e) Location of business, number of years in business,
- (f) Social security numbers, if available, of all corporate officers, owners and partners, and all federal employer identification numbers, if available, held by the applicant or any business entity that he currently qualifies or is applying to qualify, and
- (g) UCC filings.

A "nationally recognized credit agency" shall mean a credit agency that:

- (a) Obtains credit information both within and outside the State of Florida;
- (b) Validates, updates, and maintains the accuracy of credit information obtained, and, (c) Obtains credit reports from **at least two (2)** credit bureaus.

All credit reports must be mailed directly to our office or may be mailed to the applicant but remain unopened by the credit reporting agency and be less than three (3) months old from the date of the application .

For purposes of this application, the phrase "financial responsibility" is defined as the ability to safeguard that the public will not sustain economic loss resulting from the contractor's inability to pay his lawful contractual obligations.

The financial responsibility grounds on which the Contractor Licensing Manager shall refuse to qualify an applicant shall include:

- (a) Failure to submit a credit report as provided for in this application;
- (b) The existence, within the past five years preceding the application, of an unsatisfied court judgment rendered against the applicant based upon the failure of the applicant to pay its just obligations to parties with whom the applicant conducted business as a contractor;
- (c) An unfavorable credit report or history as indicated by any of the documents submitted;
- (d) A determination by the Contractor Licensing Manager that the applicant lacks the financial stability necessary to assure compliance with the standard set forth in this application. In determining the applicant's financial stability, the Contractor Licensing Manager shall consider the applicant's responses to the questions set forth in this application, and the applicant's financial statement.

An applicant's history of bankruptcy is included in the definition of financial responsibility and shall be considered by the Contractor Licensing Manager; however, the fact that an applicant has been or is a debtor in bankruptcy shall not be the sole basis of a determination to deny the issuance of a license or a request for change of status to the applicant.

## **Contractor Application Checklist**

- ☐ Application filled out, signed and notarized.
- ☐ Picture (maximum 2" x 2").
- ☐ Copy of driver's license.
- ☐ Three (3) letters of character reference notarized (not from relatives).
- ☐ Application fee (\$50.00).
- ☐ Verification of time in the trade (letters or form must be notarized).
- ☐ Credit report.

All letters must be original and notarized.

**Pages 1 – 2** Information & Instructions

**Page 3** Application Checklist

**Page 4** Requirements

**Page 5** Checklist to verify your application is complete and for you to advise us whom you ordered the credit reports from. (You must complete this page to be sure you have a complete application)

**Page 6** Contractor Examination Experience Requirements and Fees

**Pages 7–10** Fill in all blanks on pages 7 – 10 that apply. This statement is provided to you per FS Section 119.071; Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers must be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L. 193, Sec. 317.

**Page 11** Employment History – This page must be filled out. Make copies as necessary.

**Page 12** This page must be completed by the licensed contractor (**officer, personnel dept., etc. Not acceptable**) under whom you gained your experience and the form must be signed and notarized. The contractor must include his certification number. If the contractor is out of county or state, he must attach a copy of his Contractor's License and a copy of his Drivers License for identification purposes.

**Alterations of any kind will void the verification form.**

If you are self-employed or the qualifier, follow directions at the bottom of page 13.

Letters verifying experience as a subcontractor must be on company letterhead and contain the same information required on the Verification of Construction Experience Form.

**The letters must be notarized.**

**Page 13-14** Applicant Experience Verification Affidavit must be filled out if applicant has been in business for themselves for the required number of years on page 6.

**Page 15** Schools & Bookstores List

**Page 16** Credit Reporting Agencies List

**- Exam Administration -**

Once your application for examination is approved, Contractor Licensing will send you a registration form and schedule of exam dates. You will then schedule directly with the testing agency. (An additional fee will be charged by the testing agency.)

Re-exam fee \$25.00. Applicants for any category may take a maximum of six (6) exams in a twelve (12) month period, but no consecutive exams may be taken. You will need to contact Contractor Licensing if you would like to re-test. (An additional re-exam fee will be charged by the testing agency.)

# Checklist

The following checklist is for your use. Check each item below as you complete your application. When you have completed the list submit your completed application to contractor licensing. In addition, be sure you have ordered the proper credit reports and any other information that may be required on the instruction sheet.

- ☐ Picture (attach to pg 7)
- ☐ Social Security Number (pg 7)
- ☐ **Notarized** Signature (pg 10 & 14)
- ☐ Employment History (pg 11)
- ☐ Verification of Experience (employer) (pg 12 **notarized**)
- ☐ Credit Reports (this page)
- ☐ Copy of current Journeyman Competency Card (if applicable)
- ☐ Copy of Drivers License

Credit reports were ordered from \_\_\_\_\_  
Credit Bureau

For the following:		Date Ordered
Applicant	_____	_____
Firm	_____	_____
Prior firm	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____



## VOLUSIA COUNTY CONTRACTOR LICENSING

123 W. Indiana Av., Room 203, DeLand, FL 32720  
(386) 736-5957, 248-8158, 424-6828 Opt 2, (386) 740-5215 fax  
<http://www.volusia.org/contractors>

### CONTRACTOR EXAMINATION EXPERIENCE REQUIREMENTS AND FEES

#### APPLICATION FEES ARE NON-REFUNDABLE

**MASTER ELECTRICIAN** - Applicant must show satisfactory evidence that he has successfully passed the Journeyman Electrician examination **and** has worked in the trade as a journeyman electrician engaged in applicable construction activities for a minimum of (2) years. Proof of work experience shall be on the attached Experience Form(s) signed by a state certified or registered electrical contractor he worked for **and** notarized:

MASTER ELECTRICIAN                      \$50.00

**LOCAL SPECIALTY CONTRACTOR** – Applicant must show satisfactory evidence that he has been actively engaged in performing the work of a local specialty contractor as his occupation for a period of (3) years and must hold a valid license from another county or municipality as a local specialty contractor **or**;

Applicant must produce satisfactory evidence that he has had (4) years experience working with a licensed local specialty contractor, a certified or registered General, Building or Residential Contractor, or has engaged in the trade in which he is requesting licensure. This evidence must be on the attached Experience Form(s) signed by that contractor **and** notarized for the following trades:

CARPENTRY CONTRACTOR	\$50.00	HURRICANE PROTECTION INSTALLER	\$50.00
GARAGE DOOR INSTALLER	\$50.00	SIDING, WINDOWS AND DOORS INSTALLER	\$50.00
MASONRY CONTRACTOR	\$50.00	NON-ELECTRICAL SIGN CONTRACTOR	\$50.00
MARINE CONTRACTOR	\$50.00	PRE-FABRICATED SHED INSTALLER	\$50.00
CONCRETE CONTRACTOR	\$50.00	PAVER CONTRACTOR	\$50.00
DEMOLITION CONTRACTOR	\$50.00	STUCCO CONTRACTOR	\$50.00

**BUSINESS AND LAW** – All Local Specialty Contractors and Master Electricians must take a separate Business and Law examination regarding knowledge of payroll taxes, Workers' Compensation, unemployment compensation, Lien laws and other laws or subjects that will effect their daily operations as contractors.



**VOLUSIA COUNTY  
CONTRACTOR LICENSING**

123 W. Indiana Av., Room 203

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386)736-5957 248-8158 424-6828 Fax 740-5215

**CONTRACTOR EXAMINATION APPLICATION AND FEES**

The following documents must be submitted with application:

1. Type of Examination applied for \_\_\_\_\_
2. Application Fee as indicated on page five (5)
  - Make checks payable to **Contractor Licensing**.
3. Copy of driver's license
4. **Three (3) letters of recommendation vouching for the applicant's reputation as to honesty, integrity and good moral character. Letters must be notarized.**

**LETTERS MUST BE ORIGINALS. FAXES OR COPIES WILL NOT BE ACCEPTED.**

5. Notarized documentation of experience on attached Experience Form.

Attach Recent  
Photo

DO NOT WRITE IN THIS SPACE			
TYPE OF EXAM	DATE FORM SENT	GRADE	TEST DATE

1. Name: \_\_\_\_\_  
Last First Middle

Business Name: \_\_\_\_\_  
*The name of the Business shall not be misleading to the public as to the scope of work for the classification held*

2. Residence Address: \_\_\_\_\_  
Street # Street City State Zip

3. Mailing Address: \_\_\_\_\_  
Street # Street City State Zip

4. Home Phone No.: \_\_\_\_\_ Daytime Phone No.: \_\_\_\_\_

Employment Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

5. D.L. # \_\_\_\_\_ S.S. # \_\_\_\_\_

6. Educational Record: (circle highest grade completed)

1 2 3 4 5 6 7 8 9 10 11 12

1 2 3 4

7. Do you now hold any current / unexpired Certificate of Competency from any city or county in Florida?

No \_\_\_\_\_ Yes \_\_\_\_\_

Type of Card	City or County	Date Acquired	Proctored Exam Y/N
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Total years as Helper: \_\_\_\_\_ Total years as licensed Journeyman: \_\_\_\_\_

Total years as Licensed Master: \_\_\_\_\_ Total years as Foreman: \_\_\_\_\_

Total years or OJT hours in approved apprenticeship program: \_\_\_\_\_

If you have pursued any line of study or extension courses pertaining to your trade, state fully:

Other Education (Schools/Degrees): \_\_\_\_\_

8. Do you presently have a current city or county occupational license? ☐ No ☐ Yes

If yes, where? \_\_\_\_\_ Company Name: \_\_\_\_\_

9. Name three (3) references.

<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Phone #</u>
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10. List your residential addresses for the past five (5) years:

11. List all businesses you have owned, operated, managed or have had an interest of any kind during the past five (5) years:

Business Name	Business Address	Position
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12. Has any bonding or surety company ever completed or made a financial settlement upon any construction contract or work undertaken by any person named in paragraph 20 below or any organization in which such person was a responsible person as defined in paragraph 21? Yes ( ) No ( ).
13. Are there any lawsuits or unpaid past-due bills or claims for labor, materials, or services, as a result of the construction operations of any person named in paragraph 20 below or any organization in which any such person was a responsible person as defined in paragraph 21? Yes ( ) No ( ).
14. Are there now any liens, suits, or judgments of record or pending against any person named in paragraph 20 below or any organization in which any such person was a responsible person as defined in paragraph 21, as a result of the construction operations of such person or organization? Yes ( ) No ( ).
15. Are there now any liens of record by the U. S. Internal Revenue Service or the State of Florida Corporate Tax Division against any person named in paragraph 20 below or any organization in which any such person was a responsible person as defined in paragraph 21? Yes ( ) No ( ).
16. Has any person named in paragraph 20 below or has any organization in which any such person was a responsible person as defined in paragraph 21 been adjudicated as bankrupt within the past five years, or is any such person or organization presently in the process of bankruptcy proceedings? Yes ( ) No ( ).
17. Has any person named in 20 below or has any organization in which any such person was a responsible person as defined in paragraph 21 ever been charged with or convicted of acting as a contractor without a license, or if licensed as a contractor in this or any state, been subject to disciplinary action by a state, county or municipality? If yes, you must attach a copy of any state, county, municipal or out-of-state disciplinary order or judgment. Yes ( ) No ( ).
18. Has any person named in paragraph 20 below or has any business organization in which any such person was a member filed for or been discharged in bankruptcy within the past five years? If yes, you must attach a copy of the Discharge Order, Order Confirming Plan and if a Corporate Chapter 7 case, a copy of the Notice of Commencement. Yes ( ) No ( ).
19. Has any person in paragraph 20 below or has any business organization in which any such person was a responsible person as defined in paragraph 21 ever been convicted or found guilty of or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction within the past ten years? If yes, you must attach a copy of any such conviction or the order or judgment incorporating the finding of guilt or plea. Yes ( ) No ( ).
20. Required signatures: if an individual, the qualifying contractor; if a partnership, the qualifying contractor and the partner(s); if a corporation, the qualifying contractor, the president, vice-president, and secretary.
21. For purposes of this rule, "responsible person" includes any partner, officer, director, trustee, qualifying contractor, or any person having managerial or supervisory role in a business organization as defined in Section 489.105(13), F.S.

### **Criminal Background Check:**

As part of this determination, an applicant shall be eligible for licensure by examination if the person is of good moral character. The Construction Licensing Manager may refuse to certify an applicant for failure to satisfy the requirement of good moral character only if there is a substantial connection between the lack of good moral character of the applicant and the professional responsibilities of a licensed contractor. A

determination of lack of good moral character shall be based on the applicant's responses to questions 22 – 24.

22. Have you been charged with or convicted of acting as a contractor without a license, or if licensed as a contractor in this or any other state, been subject to any disciplinary action by any state, county or municipality? If yes, you must attach a copy of any state, county, municipal or out-of-state disciplinary order or judgement.

No ☞ Yes ☞ If yes, provide a written statement of explanation.

23. Have you been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction within the past ten (10) years?

No ☞ Yes ☞ If yes, provide a written statement of explanation.

24. Notwithstanding the above, have you ever at any point in time had a felony conviction that has resulted in the revocation of your civil rights? \*\*

No ☞ Yes ☞ If yes, provide a written statement of explanation.

\*\*FS 112.011 (1)(b), Except as provided in s. 775.16, a person whose civil rights have been restored shall not be disqualified to practice, pursue, or engage in any occupation, trade, vocation, profession, or business for which a license, permit, or certificate is required to be issued by the state, any of its agencies or political subdivisions, or any municipality solely because of a prior conviction for a crime. However, a person whose civil rights have been restored may be denied a license, permit, or certification to pursue, practice, or engage in an occupation, trade, vocation, profession, or business by reason of the prior conviction for a crime if the crime was a felony or first degree misdemeanor and directly related to the specific occupation, trade, vocation, profession, or business for which the license, permit, or certificate is sought.

Applicant may be required to provide further information or appear before the Contractor Licensing & Construction Appeals Board.

***\*\* Any willful falsification of any information contained herein, including all supplementary pages and attachments, is grounds for disqualification. \*\****

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

State of Florida  
County of Volusia

Affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_

, as identification.

Notary Stamp

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

**THIS APPLICATION WILL NOT BE CONSIDERED IF NOT COMPLETED IN ITS ENTIRETY**

**APPROVED BY CHIEF BUILDING OFFICIAL** \_\_\_\_\_ **DATE** \_\_\_\_\_

**EMPLOYMENT HISTORY- TO BE COMPLETED BY THE APPLICANT**

Present Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

✓ Name and Address of Previous Employer

\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

✓ Name and Address of Previous Employer

\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

✓ Name and Address of Previous Employer

\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

✓ Name and Address of Previous Employer

\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

✓ Name and Address of Previous Employer

\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

✓ Name and Address of Previous Employer

\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

\*\*Make copies of this form as necessary

# **VERIFICATION OF CONSTRUCTION EXPERIENCE - AS EMPLOYEE ONLY**

(To Be Filled Out by Contractor Under Whom Experience Was Gained)

Complete this form and have it notarized:

Attention contractor:

(Out of county/ state contractors must include a copy of their Drivers License and Contractors License)

**ALTERATIONS OF ANY KIND WILL VOID THE VERIFICATION FORM.**

Date: \_\_\_\_\_

\_\_\_\_\_ is/was employed by \_\_\_\_\_

\_\_\_\_\_ located at \_\_\_\_\_

\_\_\_\_\_, from \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
month year month year

During the above dates, our records reflect that the above employee performed in the capacity of: (Be Specific)

The total time employed in a **supervisory** capacity was \_\_\_\_\_.

I am the qualifier for the above construction firm, and hold a current state or local license # \_\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type or print name)

State of \_\_\_\_\_

County of \_\_\_\_\_

Affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_ by

\_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_,  
(Type of identification)

as identification.

\_\_\_\_\_  
(Notary's Signature and Seal)

(Verification forms must be furnished to substantiate the minimum experience required in the category for which application is made.)

**(Self-verification will not be accepted.)**

**If self-employed** - verification of required experience may be supplied from copies of past and current certificates of competency or licenses (if required) or original notarized letters from building officials or licensing agencies, **as well as, a)** copies of contracts with your signature and the customer's signature - one per month covering the required time period; or if possible, **b)** notarized letters from contractors for whom you performed work as a sub-contractor (listing the time frame involved)

## APPLICANT EXPERIENCE VERIFICATION AFFIDAVIT

Completion of this form **AND** the Verification of Construction Experience – As Employee Only form is required if the applicant has not been in business for themselves in the trade for the required years as stated on page four (4). If the applicant has been in business for themselves for the required years of experience as indicated on page four (4), complete this form only (page 11 & 12) and submit documented proof (ie: business or tax records, etc.)

This form is to be completed by the applicant and submitted with your application to provide information regarding your experience. It will be used to support your qualifications. Detailed and specific information is required. It becomes the property of Contractor Licensing when submitted.

I \_\_\_\_\_ Occupational License # \_\_\_\_\_, certify that  
Applicant Occupational License

I have performed work as a \_\_\_\_\_ Contractor as my primary occupation  
Applicable Trade

From \_\_\_\_\_ to \_\_\_\_\_ and attest to the following experience:

### **DESCRIBE IN DETAIL**

Describe work performed (be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of buildings, structures, job projects worked on (be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other pertinent information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# FLORIDA CONSTRUCTION INDUSTRY LICENSING BOARD

## Credit Reporting Agencies – For Reference Only

(This listing is **not all inclusive**. You may submit credit reports from agencies not included on this list, so long as they meet the criteria listed in 61G4-12.011(12), Florida Administrative Code.)

DBPR cannot recommend or endorse a particular credit reporting agency. The list provided below includes the agencies that we are aware of that currently meet the Board's reporting requirements. It is provided solely as a courtesy to assist you in locating resources. The Department specifically disclaims any responsibility for the quality or cost of services provided by the agencies listed below.

**Note to Applicants: Effective April 10, 2012, personal credit reports must contain a FICO derived credit score to meet application requirements. It is the applicant's responsibility to ensure the credit reporting agency includes the FICO derived score on the credit report submitted to DBPR.**

### **1<sup>st</sup> United CRS dba**

www.unitedcrs.com  
PH 239.206.1049  
PH 850.539.8000  
PH 215.501.7224

### **A & A Credit Corp.**

### **AAA Advantage Credit Services**

PH 877.296.4600

### **Associated Credit Reporting, Inc.**

www.associatedcreditreporting.com  
PH 754.216.0025  
PH 800.676.7640 (ext. 201)

### **Background Research, Inc.**

### **C.B. Services Credit Bureau**

PH 850.862.2134

### **CBJ Associates Inc.**

PH 904.723.5533

### **Check Mate**

PH 941.366.1819

### **Contractor Licensing Inc.**

### **Contractors Reporting Service**

PH 800.487.2084

### **Credit Bureau of Escambia County**

### **Credit Bureau Services, Inc.**

dba www.elicensereport.com  
PH 954.561.1400

### **Credit, Business, & License Solutions dba**

www.dbprcreditreport.com  
PH 800.600.2155

### **Credit Check, Inc.**

www.creditcheckinc.com  
PH 561.616.5556  
TOLL FREE 877.616.5556

### **Credit Plus, Inc.**

PH 818.331.1048

### **Credit Profile & Security Corp.**

### **Credit Search**

PH 561.791.9458

### **Dragnet Credit & Tenant Screening**

PH 386.676.7733

### **Lexis/Nexis**

PH 678.694.4809

### **Licenses, Etc.**

www.licensesetc.com  
PH 239.777.1028  
PH 954.573.2700

### **License Exam Services LLC**

PH 941.706.2336

### **Lumbermen's dba**

www.FloridaCreditReports.com  
PH 954.771.2100  
PH 813.358.7633  
PH 407.956.2237  
TOLL FREE 800.496.4826

### **MacData Inc.**

### **Merchant's Association**

### **Merit Credit**

www.meritcreditservices.com  
PH 239.277.3202  
TOLL FREE 800.371.3348

### **NACM Tampa Inc.**

Contact: Cassie Thomas  
cthomas@nacmtampa.com  
PH 800.352.5882, Ext 292

### **National Association of Credit Management d/b/a NACM South Atlantic**

www.nacmsouthatlantic.com  
PH 407.299.7491  
TOLL FREE 800.393.6226

### **National Research Group**

PH 941.488.8500

### **Network Credit Services**

PH 813.685.5678

### **Premium Credit Bureau**

PH 305.468.1560

### **Supreme Credit Information Services**

www.supremebureau@comcast.net  
PH 786.266.1407  
FAX 305.665.3315

### **USA Credit Bureau**

PH 888.474.2270

## **SCHOOLS AND BOOKSTORES**

Building Trades Education Services	1-800-832-2496
Cam Tech School for Construction	1-800-875-7277
Palm Construction School	1-800-457-7256
Mike Holt Electric	1-800-255-2633
Tom Henry's Electrical	1-800-642-2633
Construction Bookstore	1-800-253-0541
Contractor's Institute	1-800-676-3006
A Professional Book Seller	1-800-572-8878
AAA Construction School	1-904-722-9994
Builders Book Depot	1-602-252-4050
Building Trades Educational Service	1-941-371-0485
Contractor's Library	1-800-571-4777
IT Training Center (Spanish)	1-954-602-2299