



**Florida Department of
Health in Volusia County**

Irrigation Contractor Packet

September 2014

Florida Department of Health in Volusia County Irrigation Contractor Packet

The application fee of \$25.00 must accompany this application. This fee is NOT refundable and non-transferable after the application has been entered into our records. All checks should be made payable to "Florida Department of Health in Volusia County".

Completed applications MUST be hand delivered

Florida Department of Health in Volusia County
Environmental Health BIN 118
Irrigation Contractor Licensing Division
1845 Holsonback Drive
Daytona Beach, FL
32117
386- 274-0701

Please read carefully the following requirements and qualifications to receive an Irrigation Contractor Competency Card from the Florida Department of Health in Volusia County.

Application: A completed application form for certificate of competency shall be submitted to the Florida Department of Health in Volusia County on the Department's approved form.

Experience: The applicant must demonstrate a minimum of two (2) years of experience in the installation and repair of pumps and irrigation systems gained through working with a licensed pump and irrigation contractor, well driller or plumbing contractor.

Testing: The applicant shall submit to a written examination which shall be prepared, graded and proctored by Thomson/Prometric www.prometric.com, to test the qualifications of the applicant to perform the installation and repair of pumps, pumping equipment and irrigation systems in Volusia County. In order to be eligible for certification, the applicant shall obtain a passing grade of 75% or higher on the required examination and a passing grade of 75% or higher on the two hour Business and Law examination.

Insurance: Proof of valid general liability and property damage insurance and worker's compensation or exemption must be submitted to this Department prior to issuance of the certificate of competency. A minimum of one hundred thousand (\$100,000.00) property damage coverage and twenty five thousand (\$25,000.00) general liability insurance coverage must be demonstrated. The "Certificate Holder" must state the Florida Department of Health in Volusia County.

Reciprocity: An initial certificate of competency as a pump and irrigation contractor shall be issued without further written examination to any person who successfully completed a written examination for pump and irrigation contractors prepared, proctored, and graded by a testing agency approved by the Department and who holds a current certificate of competency from a city or county which has an irrigation ordinance with jurisdiction and control over installation, extending, and maintaining irrigation systems, and all appurtenances thereto, similar to that of the Florida Department of Health in Volusia County certificate of competency. To secure such a certificate, the applicant shall submit to this Department, a photo copy of a current competency certificate, a copy of the specific application used to secure testing, and a certificate from the chief administrator's office of the city or county issuing said certificate. A copy of liability and property damage insurance and worker's compensation insurance must accompany the aforementioned items.

Continuing Education Units: Twelve continuing education credits must be completed biennially to maintain the validity of a certificate of competency. Continuing education courses must be approved by the Department to be eligible for credit.

Duration of Certificates: All certificates of competency issued provided herein, are biennial certificates and will expire on September 30 of odd numbered years. Certificates may be renewed for the ensuing two year term without written examination through September of an odd numbered year, upon proper and timely application to the Department. A photocopy of all insurances listed above must accompany the renewal application. Proof of Continuing Education Units must also accompany the renewal application.

Completion: Upon successful completion of the Thomson/Prometric Exam, and other required application information, the applicant will be issued a competency card to perform irrigation contracting work in Volusia County. A copy of the Well and Irrigation Ordinance will be issued to the applicant along with the competency card upon receipt of payment for license.



Florida Department of Health in Volusia County
Application for Irrigation Contractor Competency Card

Non-refundable application fee: \$25

PLEASE PRINT OR TYPE:

NAME _____

COMPANY (optional) _____

RESIDENCE _____
Street name City State Zip

MAILING ADDRESS _____
Street name City State Zip

RESIDENCE PHONE NO () ___- ___- _____ D.O.B ___/___/___ S.S.# ___- ___- _____

CURRENT EMPLOYER _____

EMPLOYMENT PHONE NO () ___- _____ FAX#() ___- _____

EMAIL ADDRESS: _____

If you have pursued any line of study or extension courses, state fully:

Year	Name of School	Course Name	Length of Study or Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

No _____ Yes _____ (if yes, please list:)

Class	City or County	Date Acquired	Block Exam
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Florida Department of Health in Volusia County
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Employment/Experience Record

Begin with current or most recent (If self-employed, so state)

From	To	Employer Name	Employer Address	Position
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If additional space is needed, please use an additional sheet of paper.

Applicants must submit notarized affidavit(s) from their current and/or former employers attesting to the required minimum two (2) years' experience.

Name three (3) or more recognized individuals practicing in the trade who know your qualifications.

Name	Address	Occupation	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the foregoing statements of experience and all statements therein are true and correct to the best of my knowledge and belief.

Applicant's Signature

State of _____, County of _____
Affirmed and subscribed before me this _____ day of _____, by _____
who is personally known to me or has produced _____ as identification.
(Type of ID) _____

Signature of Notary Public

Print, Type or Stamp Name of Notary

Notarial Seal

This application will not be considered by the Florida Department of Health in Volusia County unless it is completed in its entirety.



**Florida Department of Health in Volusia County
Irrigation Contractor CEU Course Approval**

Please complete and return to:

Val Zbinden

Florida Department of Health in Volusia County
1845 Holsonback Drive, Bin #118
Daytona Beach, FL 32117

Phone: 386-274-0701

Fax: 386-274-0698

Email: Valerie.Zbinden@flhealth.gov

Please note: This form must be submitted to DOH-Volusia no less than 60 days prior to the date of the course and must be completed in its entirety for continuing education approval. If you have any questions, please contact Val Zbinden at the number above.

Presentation Date: _____ **Presentation Location:** _____

Presentation Title: _____ **Presentation Length:** _____

Speaker Information: *(if panel presentation, complete for each speaker)*

Speaker #1

Name: _____ Degree: _____
Title: _____
Agency/Institution: _____
Mailing address: _____
City/State/Zip: _____
Phone: _____ Fax: _____ Email: _____
Education Credentials: **Attach a current curriculum vita (CV)**

Speaker #2

Name: _____ Degree: _____
Title: _____
Agency/Institution: _____
Mailing address: _____
City/State/Zip: _____
Phone: _____ Fax: _____ Email: _____
Education Credentials: **Attach a current curriculum vita (CV)**

Presentation Information

- Brief presentation description: (Abstract)

- Teaching methods and learning activities:

- Learner Objectives: (At the conclusion of this presentation, participants will be able to ...) **Please provide at least three.**
 - 1.
 - 2.
 - 3.

- **Evaluation Mechanism - (i.e. written test? oral discussion?)**

- Content Outline – Please provide a **thorough outline** of your presentation

Time	Subject Area

- List of References materials to be used for above outlined course:

Primary presenter's signature

Date

Irrigation Contractor Reciprocity

1. A Letter of Reciprocity must be sent to the Florida Department of Health in Volusia County **from the county where the exam was sponsored**. The letter must show the exam date and score for Irrigation Installation and Business and Law exams. A minimum score of 75 percent is required on both exams. Continuing education units may be required and will be reviewed on an individual basis at the time of application.
2. A copy of the license holder's exam application form should also accompany the Letter of Reciprocity, if available.
3. Complete the Contractor Registration/Listing Application and submit.
4. A current Insurance Certificate for Liability and Worker's Comp must be provided. A Worker's Comp Exemption card can replace a Certificate of Insurance for Worker's Comp.

NOTE: The Insurance Certificate(s) must name the Florida Department of Health in Volusia County as the Certificate Holder and be addressed as follows: *Florida Department of Health in Volusia County, 1845 Holsonback Drive, Bin #118, Daytona Beach, FL 32117.*

Insurance certificates can be mailed to the above address, faxed to 386-274-0698 or emailed to: Valerie.Zbinden@flhealth.gov

5. Complete the Contractor Registration form and submit with the \$90 Comp Card fee. The Comp Card is valid for two years, renewal on the odd year. Payment of all fees can be made by check, cash or credit card.
6. A copy of the contractor's valid Florida Driver's License must also be provided.
7. Contractors must appear in person to have a photograph taken for the Comp Card.

For questions, please contact Val Zbinden at 386-274-0701.