

SPONSORSHIP APPLICATION FOR CONTRACTOR LICENSING EXAM

**SPONSORSHIP APPLICATION**

**Gainesville Independent Testing (GITS)**

**EXAM DATE:** \_\_\_\_\_

**Prometric**

**QUALIFIER NO.:** \_\_\_\_\_

**Prov**

**EXAM CODE:** \_\_\_\_\_

**INSTRUCTIONS:** This application must be typewritten or legibly printed. An administrative fee of **\$130.00** MUST accompany this application (make check payable to "Board of County Commissioners"). This fee is good for six (6) months and is not transferable or refundable. This application must be signed, and the applicant's signature notarized. NOTE: The information contained on this application is public knowledge.

I HEREBY MAKE APPLICATION TO TAKE THE FOLLOWING EXAMINATION(S) FOR:

\_\_\_\_\_  
Name of Examination Requested

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
(attach a photocopy)

SIGNATURE OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

**Attach a photocopy of your driver's license.**

State of Florida, County of \_\_\_\_\_

The foregoing instrument as acknowledged before me this \_\_\_\_\_  
(Date)

by \_\_\_\_\_ who has produced \_\_\_\_\_  
(name of person acknowledging) (type of identification)

as identification and did not take an oath.

NOTARY'S SEAL

\_\_\_\_\_  
(SIGNATURE OF NOTARY)