

SPONSORSHIP APPLICATION FOR CONTRACTOR LICENSING EXAM

SPONSORSHIP APPLICATION

Gainesville Independent Testing (GITS)

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

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 #(LAST 4 ONLY): _____
(attach a photocopy)

Email: _____

SIGNATURE OF APPLICANT

State of _____

County of _____

The foregoing instrument as acknowledged before me this _____ by
(date)

_____ who has produced _____
(name of person acknowledging) (type of identification)

as identification and did not take an oath.

NOTARY'S SEAL

(SIGNATURE OF NOTARY)