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Accreditor Application Sample Format and Instructions

This SAMPLE print application is provided to make it easier for you to collect the application information before completing the application online.

Please note: The application **MUST** be completed **ONLINE** (it cannot be completed on paper and mailed).

Please note:

- Once you start to complete the application online, you cannot “save in progress” so you must complete it all at once.
- You will need to disable pop-up blockers before you can access the BCIS system.
- Payment must be made in the amount of \$100 at the end of the application process – the application will not go through without it. Payment methods accepted are American Express, Discover, Mastercard, and Visa credit cards or electronic check.
- Applications submitted and placed in the Pending FBC Action File Status no less than 23 calendar days prior to the date of the next scheduled Florida Building Commission meeting, will be placed on that agenda.
- Applications submitted within 22 calendar days or fewer of the next scheduled Florida Building Commission meeting will be placed on the following scheduled Florida Building Commission agenda.

Accreditor Application – As formatted in the BCIS system

Individual Information

(Required fields are notated with an *)

Login (*) _____

Password (*) _____

Confirm Password (*) _____

Last Name (*) _____

First Name (*) _____

Middle Name _____

Suffix (Jr., III...) _____

Title _____

Mailing Address (*) _____

City (*) _____

State (*) (Select from drop-down list) _____

Zip (*) _____

County (*) (Select from drop-down list) _____

Country _____

Primary Phone (*) (digits only, no hyphens or periods) _____

Email (*) _____

Web Address _____

Fax (digits only, no hyphens or periods) _____

Business Information

This information is only required if different from your individual information.

Business/Firm Name (*) _____

Email _____

Business Location Address _____

City _____

State (Select from drop-down list) _____

Zip _____

County (Select from drop-down list) _____

Country _____

Additional Contact Information _____

Alternate Phone (digits only, no hyphens or periods) _____

Subject/Trade Area: (Select one or more areas)

Note: your supporting documentation must reflect qualifications for all areas you select.

- | | | |
|---|---|---|
| <input type="checkbox"/> Accessibility | <input type="checkbox"/> Administration | <input type="checkbox"/> Building – Commercial |
| <input type="checkbox"/> Building | <input type="checkbox"/> Building – Special Occupancy | <input type="checkbox"/> Class A Air Conditioning |
| <input type="checkbox"/> Class B Air Conditioning | <input type="checkbox"/> Class C Air Conditioning | <input type="checkbox"/> Commercial Pool/Spa |
| <input type="checkbox"/> Electrical – Commercial | <input type="checkbox"/> Electrical – Residential | <input type="checkbox"/> Energy |
| <input type="checkbox"/> Existing Building Code | <input type="checkbox"/> Fire | <input type="checkbox"/> Fuel/Gas |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Pollutant Storage System |
| <input type="checkbox"/> Residential Pool/Spa | <input type="checkbox"/> Roofing | <input type="checkbox"/> Sheet Metal |
| <input type="checkbox"/> Solar | <input type="checkbox"/> Other | |

Accreditor Qualifications: (Select one or more qualifications)

- Any person with a minimum four year college or graduate degree within the field of study in which the Accreditor will be working.

Note: degree will be manually entered into the online application.

Degree: _____

- A person who is professionally licensed within the technical field with which they will be accrediting and have a minimum of five years experience in that field.

Note: By selecting this option, a new page will be displayed after completing all required information in the application and selecting "NEXT" at the bottom of the screen. To complete the application, you will need to enter your professional license category, license number prefix and license number.

See **Appendix I** to fill out this information by hand prior to entering online.

- A substantially qualified authority within their field of relevant expertise.

Supporting Documentation:

Provide a Detailed Resume of the Accreditor in PDF format. (Attach Your Document)

Location of your PDF formatted resume on your computer: _____

Note:

- Due to BCIS system requirements and limitations, the maximum document file size allowed is 48 megabytes. If your Detailed Resume is larger than 48 megabytes, split the resume into multiple files and upload the documents utilizing the BCIS Mutli-file upload page. (FIND OUT WHAT THIS IS!!)
- During the upload process do not close your browser window. When the file upload is complete a successful message will be displayed.

- The average upload times for files 48 megabytes in size are as follows:
 - 56 KB Modem (phone line) 15 minutes
 - Broadband (DSL line such as Sprint) 3 minutes
 - T1 (Cable) 1 minute
- The upload page will disconnect from the server if the upload takes longer than 10 minutes so the file size and internet connection will need to be matched accordingly.

Evaluation Process Flowchart of Processes/Timelines:

Describe how you intend to evaluate courses to ensure 100% compliance with the most current edition of the Florida Building Code and its latest amendments.

Attach a Flowchart in PDF format. (BCIS system requirements/limitations apply as described above)

Location of your PDF Flowchart of Processes/Timelines: _____

Background Information:

Is applicant approved as a provider by any board within DBPR to provide continuing education?

Yes No

If yes, selection Board (from drop-down list)

DBPR Provider Number _____

Has any license, registration or permit to practice any regulated profession, occupation, vocation or business been revoked, annulled, suspended, relinquished, surrendered, or withdrawn in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

Yes No

If yes, please download and complete Form 0060-1. Convert the form to PDF format and then attach. See **Appendix II**.

Certification Statements:

I agree that payment for accreditation services will be rendered by the Training Provider requesting services directly to the Accreditor offline.

I agree to comply with the Florida Building Commission requirement that this course update take no more than 30 days for courses up to 8 credit hours, and 45 days for courses in excess of 8 credit hours.

I hereby certify that all statements made on this application are true and correct. I agree and understand that any misrepresentations of material facts will result in revocation of this approval.

Appendix I

Professional License Entry

Fill out this form if you selected in the affirmative statement two under the Accreditor Qualifications section which states: "A person who is professionally licensed within the technical field with which they will be accrediting and have a minimum of five years experience in that field."

License Entry:

Licensing Category	License Prefix (letters) (Select from drop-down list)	License Number (10 digits)
Licensing Category 1: <input type="text"/>	License 1: <input type="text"/>	<input type="text"/>
Licensing Category 2: <input type="text"/>	License 1: <input type="text"/>	<input type="text"/>
Licensing Category 3: <input type="text"/>	License 1: <input type="text"/>	<input type="text"/>
Licensing Category 4: <input type="text"/>	License 1: <input type="text"/>	<input type="text"/>
Licensing Category 5: <input type="text"/>	License 1: <input type="text"/>	<input type="text"/>
Licensing Category 6: <input type="text"/>	License 1: <input type="text"/>	<input type="text"/>
Licensing Category 7: <input type="text"/>	License 1: <input type="text"/>	<input type="text"/>
Licensing Category 8: <input type="text"/>	License 1: <input type="text"/>	<input type="text"/>
Licensing Category 9: <input type="text"/>	License 1: <input type="text"/>	<input type="text"/>
Licensing Category 10: <input type="text"/>	License 1: <input type="text"/>	<input type="text"/>

APPENDIX II

FORM 0060-1

APPLICANT INFORMATION

Last Name	First	Middle	Title	Suffix

(For Example: License CGC 678443 was suspended due to late renewal. License has since been renewed and is currently in a current and active status.)