

MARION COUNTY APPLICATION FOR EXAM – COMP CARD

ASSIGNED # _____	OFFICE USE ONLY
------------------	-----------------

TRADE Electrician

Christopher
FIRST NAME

Edward
MIDDLE NAME

Wilson
LAST NAME

04/03/2000
DATE OF BIRTH

DRIVERS LICENSE NUMBER

11615 SE 129th Ln
MAILING ADDRESS

Ocala
CITY

FL
STATE

ZIP CODE

44
HOME PHONE NUMBER

FAX NUMBER

954 804 9023
MOBILE NUMBER

Chris8080@gmail.com
E-MAIL ADDRESS

<u>Marion County Facility's</u> NAME OF CURRENT EMPLOYER	<u>352-438-2345</u> TELEPHONE NUMBER
<u>2602 SE Eighth St</u> EMPLOYER ADDRESS	<u>Ocala</u> CITY
<u>Electrician</u> POSITION HELD	<u>FL</u> STATE
	<u>32179</u> ZIP CODE
	<u>2 years</u> LENGTH OF EMPLOYMENT

- ☒ Recent, clear, close-up photo of the applicant (no smaller than 3x5 inches and not a driver's license photo)
- ☒ Proof that applicant is 18 years of age. (Legible copy of current driver's license).
- ☒ Applicant must have at least four (4) years of current experience in the trade that they wish to test for.
 One of the four years must be as a supervisor or foreman. The years of experience can be gained through receiving a baccalaureate degree from an accredited college in the appropriate field of building construction and one year of proven experience in the category in which the person seeks to qualify.
- ☒ Notarized letter of recommendation from a licensed contractor.
- ☐ \$50.00 application submittal fee.

ANSWER THE FOLLOWING QUESTIONS COMPLETELY:

1. Have you ever been denied a certificate of competency by a board of examiners in the state of Florida? ☐ Yes ☒ No **If yes, please attach explanation.**
2. Have you ever had a Certificate of Competency suspended or revoked by a Board of Examiners in the state of Florida? ☐ Yes ☒ No **If yes, please attach explanation.**
3. Have you ever been disciplined concerning a license in the construction industry?
☐ Yes ☒ No **If yes, please attach explanation.**
4. Have you ever been convicted, pled no contest, had arbitration withheld, or had prosecution deferred on any misdemeanor, felony, or DUI. ☐ Yes ☒ No **If yes, please attach explanation.**
5. Do you have any charges pending against you or are you currently enrolled in a pre-trial intervention program? ☐ Yes ☐ No **If yes, please attach explanation.**
6. Have you had any trouble with any License Review Boards, boards of adjustment of appeals or anyone else that has control over your license in the State of Florida? ☐ Yes ☒ No **If yes, please attach explanation.**
7. I do hereby swear and affirm that I am financially sound. ☒ Yes ☐ No **If no, please attach explanation.**
8. Have you done any work in Marion County in the last 6 months? ☒ yes ☐ no
If yes, please attach explanation.
9. List the Florida Counties in which you presently hold a Certificate of Competency below:

NAME OF COUNTIES WHERE REGISTERED	CERTIFICATE #

If this application is falsified in any manner, the license review board may reject it. If additional Investigation (after acceptance of this application) indicates falsification, then the Marion County Certificate of Competency may be revoked.

SIGNATURE OF APPLICANT: _____ DATE: _____

<u>FOR OFFICE USE ONLY</u>			
_____	Date application was received	_____	Received
_____	Date of rejection by the license review board	_____	Denied
_____	Date of approval by the license review board	_____	Approved

DOCUMENTATION OF EXPERIENCE
THIS IS NOT FOR USE AS A CHARACTER REFERENCE

I, Marion County Facilities, certify that I have employed or sub-contracted
Present or past employer's name
to Christopher Wilson from 3/6/2023 to Current
Applicant's Name Beginning Date Ending Date

Describe in detail the work performed by named applicant (please be very specific): _____

works on and repairs electrical circuits

Types of buildings, structures, projects, or jobs that were worked on by applicant (please be very specific): _____

Marion County commercial office buildings

I, under penalty of perjury, certify that the foregoing information is accurate and correct.

Mary DeLong Marion County BOCC
Signature of employer

2602 SE Eighth St. Ocala FL 34471
Address of employer City State Zip code

352-671-8766
Phone number of employer

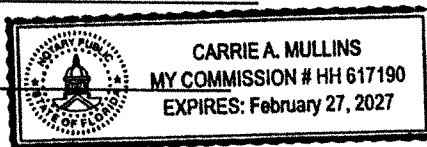
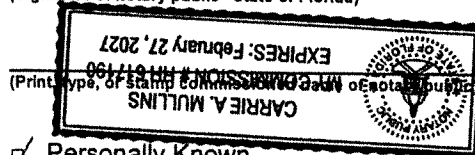
59-6000735
State license number or county certificate number of employer

STATE OF FLORIDA, County of Marion

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online
notarization, this 23 day of, June, 2026.

by Mary DeLong
(Name of person making statement)

Carrie Mullins
(Signature of notary public - state of Florida)



- ☒ Personally Known
☐ Produced Identification _____

(Type of Identification Produced)

Florida

DRIVER LICENSE

W238-752-96-400-0



USA

CLASS E



4A DUN

1 WILSON

2 CHRISTOPHER EDWARD

3 11615 SE 129TH LN

4 OKLAHOMA, FL 32179-5096

5 DOB 04/03/2000 15 SEX M

6 EXP 04/03/2034 16 HGT 6'-01"

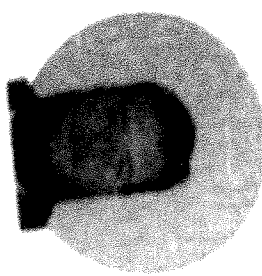
7 REST NONE 9a END NONE

8

9a

05/01/2025

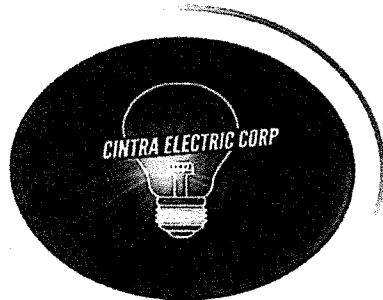
50D K652505024673



Christopher Wilson

Operation of a motor vehicle constitutes consent to any sobriety test required by law





Cintra Electric Corp

14360 SW 168 ST Miami, FL 33177

June 05, 2026

RE: Christopher Wilson Cintra Electric Corp

To Whom it May Concern,

This letter is to inform you that Christopher Wilson was hired on September 10th, 2022, and helped the company up until February 18, 2026. The first 3 years at Cintra Electric Corp he managed to work under a journeyman electrician doing hands on work. Such as three phase services, Fire Alarms, Installing Pipe, Pulling Wires, Installation of Streetlights, Traffic Signals, General Electric, CCTV, Security Alarm, Underground Pull Boxes and Splicing Wires. The last 3 years he has been working as a project manager coordinating supervising, review of plans, job estimates, permitting and pre-inspecting all projects assigned to him.

Carlos Cintra, President

Office (305)389-8068

A handwritten signature in black ink, appearing to be "Carlos Cintra", enclosed within a large, hand-drawn oval.

Communication Supervisor at Cintra Electric Corporation Monday-Friday 7:00 Am To 3:00pm