

AUG 17 2022

## Occupational Trade License Application

→ **Instructions:** All applicants must review the **Candidate Information Bulletin** at [www.psiexams.com](http://www.psiexams.com).

- 1) This application must be completed and signed by the individual applying for licensure. The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to C.G.S. §17b-137a. If you choose not to disclose your Social Security Number your application cannot be processed.
- 2) **Fees:** Contractor \$150.00; Journeyperson \$90.00; Dealer-Tech \$200.00; Technician \$80.00; Driller (any type) \$88.00. A check for the applicable fee must be made payable to PSI. For credit card payments use the form on the next page. Application fees are non-refundable.
- 3) Once this application is reviewed and approved, you will receive an **Examination Eligibility Postcard** from PSI with instructions to register and schedule the examination. Please note that an examination fee will be due at the time you schedule the examination with PSI.

**Applicants must include the appropriate required documentation for each license type:**

- **Journeyperson, Driller or Technician applicants** must attach the **original copy** of the Letter of Apprenticeship Completion Certificate. This can be obtained from the State of Connecticut, Department of Labor, Apprenticeship Training Division at (860) 263-6085 or [www.ctapprenticeship.com](http://www.ctapprenticeship.com).
- **Contractor or Dealer-Technician applicants** must have held the respective journeyperson, driller or technician license for a minimum of two (2) years prior to applying. You must attach a photocopy of your current license.
- **If applying for equivalent experience and training (any license type)**, submit notarized statements from occupational related employers as to the dates and duties of employment AND copies of any diplomas and degrees of education related to the occupational license type for which you are applying. If you are a military service member with a Recommendation for Review from the Connecticut Department of Labor, submit your recommendation letter. Should your application not be approved, you will receive a deficiency letter with further directions.

→ **MAIL** your completed application and fee to:

PSI licensure:certification  
3210 East Tropicana Ave  
Las Vegas, NV 89121

For specific license types, contact  
PSI licensure:certification  
[www.psiexams.com](http://www.psiexams.com) or 1-(855) 746-8171

**Applicant Information: (Please type or print clearly).**

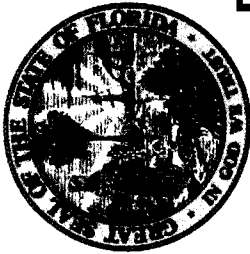
First Name, Middle Initial, Last Name <i>Randolph H. Parker</i>		License Type Applying For: <i>P-1 Plumbing Contractor</i>	
Residence Street Address <i>5975 Ansel Ferrel Rd</i>		City or Town <i>Tallahassee</i>	State <i>FL</i>
Telephone Number (w/ area code) <i>850-459-8212</i>	Email Address <i>Randy@Seminoleplumbing.com</i>	Social Security Number <i>9253</i>	Date of Birth <i>4/2/80</i>
Mailing Address (if different from above)	City or Town	State	Zip Code
Do you presently hold a license for your occupation in any State? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of your current license.			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, attach your completed Criminal Conviction Application Worksheet. Download @ <a href="http://www.ct.gov/dcp">www.ct.gov/dcp</a>			
Are you a military service member or veteran? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see Candidate Information Bulletin - Military Training Evaluation section.			

I attest under the penalties of the Connecticut General Statutes, Sections 53a-157b that the information provided in this application is the truth to the best of my knowledge. By signing this application, I authorize the Department of Consumer Protection (DCP) to access and use the photo that appears on my driver's license or non-driver identity card. I understand that the photo will be retained in DCP's records and used in connection with the permit that DCP is issuing in my name.

Signature of Applicant

Date

Use the following page if you are paying with credit card.



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD**

THE PLUMBING CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

**PARKER, RANDY H**

SEMINOLE PLUMBING INC  
5975 ANSEL FERREL ROAD  
TALLAHASSEE FL 32309

**LICENSE NUMBER: CFC1427640**

**EXPIRATION DATE: AUGUST 31, 2024**

Always verify licenses online at [MyFloridaLicense.com](https://MyFloridaLicense.com)

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



I, Melanie Humphries, Representative of the Executive Director and Alternate Records Custodian of the Construction Industry Licensing Board, Division of Professions, Department of Business and Professional Regulation, State of Florida, after a diligent search of all records, do hereby certify the following:

Name: RANDY H PARKER  
Profession: CERTIFIED PLUMBING CONTRACTOR  
License Number: CFC1427640  
Status: CURRENT, ACTIVE  
License Issue Date: MARCH 28, 2008  
Expiration: AUGUST 31, 2024

Note: If an individual or business license reflects the licensure status of inactive, delinquent, suspended, license authority voided, deceased, voluntary relinquishment, revoked, or null and void it is not valid to practice contracting in the State of Florida.

Witness my hand and the official seal of the State of Florida this 18th day of August, 2022.



CONSTRUCTION INDUSTRY LICENSING BOARD

*Melanie Humphries*

Melanie Humphries  
Representative of the Executive Director and  
Alternate Records Custodian

NOTE: This document is self-authenticating. Per section 489.113(8) Florida Statutes, "Any public record of the board, when certified by the executive director of the board or his representative, may be received as prima facie evidence in any administrative or judicial proceedings." Sections 90.803(10) and 90.902, Florida Statutes, provide that absence of a public record or entry, e.g., a certificate of non-licensure, is self-authenticating and admissible as evidence even though the declarant is available

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
1940 North Monroe Street  
Tallahassee, FL 32399 - 0783  
www.MyFloridaLicense.com

This application must be submitted with a licensed contractor's change of status application or a contractor's initial licensure application

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850 487 1395

This application is NOT required if you are applying for an individual license.

PERSONAL INFORMATION					
Last Name	First	Middle	Title	Suffix	
Parker	Kandy	H			
Social Security Number	Telephone Number				
[Redacted Social Security Number]					
License Number					
[Redacted License Number]					
CHECK APPLICABLE TRANSACTIONS					
Check only one box in each section below					
<input checked="" type="checkbox"/> Certified			<input checked="" type="checkbox"/> Initial Qualified Business License Application		
<input type="checkbox"/> Registered - Attach copies of Local Occupational License and Competency Card			<u>Qualified Business Change of Status</u>		
City/County of Issuance			<input type="checkbox"/> From Primary to Secondary Qualifier		
			<input type="checkbox"/> From Secondary to Primary Qualifier		
			<input type="checkbox"/> Add Additional Qualifier		
			<input type="checkbox"/> Change Officer(s)		
			<input type="checkbox"/> Change from One Qualifier to Another		
			<input type="checkbox"/> Amended Corporate Name Change		

Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary. If you elect to provide your Social Security Number, it is mandatory you furnish it to the 42 United States Code, Sections 611 and 614, and Sections 4352(b), 4352(c), and 4352(d). Florida Statutes, Section 435.01, requires that Social Security Numbers be used to assist efforts directed at reducing fraud and corruption by a Florida contractor. It is the policy of the Department of Business and Professional Regulation to ensure compliance with both federal and state laws. Social Security Number(s) will be used for license application processing and will be used for license distribution purposes to the Bureau of Research and Planning. Act of 1986 Chapter 100, Section 100.01, and Act of 1986 Chapter 100, Section 100.02.

<b>BUSINESS INFORMATION</b>		
Corporate Name <i>Seminole Plumbing Inc.</i>	Doing Business As (DBA) <i>Seminole Plumbing Inc.</i>	
Qualified Business License Number	Federal Employer ID Number (FEID) <i>77-675228</i>	
Business No Longer Qualified		
Ownership: Sole Proprietorship <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/>		
<b>MAILING ADDRESS</b>		
Street Address or P.O. Box <i>3540 Rosemont Edge Rd</i>		
City <i>Tallahassee</i>	State <i>FL</i>	Zip Code <i>32312</i>
County (if Florida address) <i>LEON</i>	Country <i>USA</i>	
<b>CONTACT INFORMATION</b>		
Contact Name <i>Randy Parker</i>		
Primary Phone Number <i>904-457-8218</i>	Primary E-Mail Address <i>Rparker@seminoleplumbing.com</i>	
<b>RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)</b>		
Street Address		
City <i>SAFIE</i>	State	Zip Code
County (if Florida address)	Country	
<b>BUSINESS LOCATION ADDRESS</b>		
Street Address		
City	State	Zip Code
County (if Florida address)	Country	

<b>ADDITIONAL CONTACT INFORMATION (OPTIONAL)</b>	
Alternate Phone Number <i>904-523-0518</i>	Fax Number <i>X</i>
Alternate E-Mail Address <i>ROBLES@tclat.com</i>	

<b>INSURANCE</b>
Have you obtained public liability and property damage insurance in the amounts determined by rule of the Construction Industry Licensing Board? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p><b>Minimum amounts required for General Liability Insurance</b></p> <p>General and Building Contractors - \$300,000 bodily injury, \$50,000 property damage</p> <p>All other Categories - \$100,000 bodily injury, \$25,000 property damage</p>
Have you obtained workers compensation insurance or filed for an exemption with the Division of Workers' Compensation and, if not, do you attest that you will obtain an exemption within 30 days after your license is issued? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

PRIMARY QUALIFYING AGENT / FINANCIALLY RESPONSIBLE OFFICER	
Name of person legally appointed as the qualifier to act for the business organization in all matters connected with its contracting business, and who has been given authority to supervise all construction work performed by the business (this must be the applicant or a licensed contractor):	
Primary Qualifying Agent Name <i>Randy Parker</i>	License Number (if applicable)
Does the primary qualifying agent also have final approval authority on all business matters, including contracts, specifications, checks, drafts, or payments, regardless of the form of payment, made by the entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If no, you must appoint a Financially Responsible Officer by completing form DBPR CILB 4366 – Financially Responsible Officer Application Package and returning it to our office with your application. This will alleviate the licensed qualifier's financial responsibility, but the qualifier will still be responsible for all construction-related matters.	
Name of Financially Responsible Officer (if different than primary qualifier):	

SECONDARY QUALIFYING AGENT (OPTIONAL)	
Name of person legally appointed as a secondary qualifier and is responsible only for the supervision of fieldwork at sites where his or her license was used to obtain the building permit and any other work for which he or she accepts responsibility (this must be the applicant or a licensed contractor):	
Secondary Qualifying Agent Name	License Number (if applicable)
A secondary qualifying agent is not responsible for the supervision of financial matters.	

ORGANIZATIONAL RELATIONSHIPS	
Do you qualify any business other than the business you are applying to qualify? (If yes, complete DBPR CILB 4353 – Qualify Additional Business Organization form)	
Yes <input type="checkbox"/> Name of Business: _____	No <input checked="" type="checkbox"/>

BUSINESS OWNERSHIP			
List below the business owners and percentage of ownership for each. TOTAL MUST EQUAL 100%.			
Name of Owner & Title	Address	Social Security No.	% of Ownership
<i>Randy Parker PRES.</i>	<i>3540 ROSEMONT RD. TALLAHASSEE, FL 32312</i>		

FINANCIAL RESPONSIBILITY/BACKGROUND QUESTIONS								
<p><b>NOTE: If you answer "Yes" to any of the questions below, you must provide an explanation on DBPR 0060 – General Explanatory Description form and attach legal documentation (i.e., satisfaction of lien, judgement, payment schedule, etc.)</b></p> <p><b>The following persons must answer the financial responsibility questionnaire:</b>  <b>Qualifying Agent/Applicant</b>  <b>All Business Officers (President, Secretary, etc.)</b></p> <p><b>Indicate your response by circling "Yes" or "No" on the grid provided below.</b></p>								
Have you, or a partnership in which you were a partner, or an authorized representative, or a corporation in which you were an officer or an authorized representative ever:								
1. Undertaken construction contracts or work that a third party, such as a bonding or surety company, completed or made financial settlements?								
2. Had claims or lawsuits filed for unpaid past-due bills by your creditors as a result of construction operations?								
3. Undertaken construction contracts or works which resulted in liens, suits or judgments being filed? (If yes, you must attach a copy of the Notice of Lien and any payment agreement, satisfaction, Release of Lien or other proof of payment.)								
4. Had a lien filed against you by the U.S. Internal Revenue Service or Florida Corporate Tax Division?								
5. Made an assignment of assets in settlement of construction obligations for less than the debts outstanding?								
6. Been charged with or convicted of acting as a contractor without a license, or, if licensed as a contractor in this or any other state, been subject to any disciplinary action by a state, county, or municipality? (If yes, you must attach a copy of any state, county, municipal or out-of-state disciplinary order or judgment.)								
7. Filed for or been discharged in bankruptcy within the past five years? (If "yes", you must attach a copy of the Discharge Order, Order Confirming Plan, or if a Corporate Chapter 7 case, a copy of the Notice of Commencement.)								
8. Been convicted or found guilty of or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction?								
Indicate your response by circling "Yes" or "No"	1	2	3	4	5	6	7	8
Question Number								
Applicant – Print Name	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Officer – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes No
Officer – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Officer – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Officer – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2-IV  
# 309  
F-8717  
A-22389  
0404  
1030  
0-8082440

TREASURER OF FLORIDA-DBPR

**DBPR CILB 4359 – Initial Issuance of Licensure for CERTIFIED Contractors**

NOTE – This form must be submitted as part of an entire application packet.

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

DEPOSIT ONLY 1/22/2008  
BT 7023448  
page 1 of 5  
VAL 70318846  
AMT \$368.00

APPLICANT INFORMATION					
Last Name	First	Middle	Title	Suffix	
Parker	Randy	H			
Social Security Number		Telephone Number			
		850-459-8212			

CHECK ONLY ONE LICENSE CATEGORY					
For definitions and information on license categories, go to <a href="http://www.myflorida.com/dbpr/prof/cilb/cilb_index.shtml">http://www.myflorida.com/dbpr/prof/cilb/cilb_index.shtml</a> .					
<input type="checkbox"/> Class A Air-Conditioning	<input type="checkbox"/> Commercial Pool/Spa	<input type="checkbox"/> Underground Utility and Excavation	<input type="checkbox"/> Specialty: Gas Line	<input type="checkbox"/> Specialty: Swimming Pool Trim	
<input type="checkbox"/> Class B Air-Conditioning	<input type="checkbox"/> Residential Pool/Spa	<input type="checkbox"/> Solar	<input type="checkbox"/> Pollutant Storage Systems	<input type="checkbox"/> Specialty: Swimming Pool Decking	
<input type="checkbox"/> Building	<input type="checkbox"/> Swimming Pool/Spa	<input type="checkbox"/> Specialty: Dry Wall	<input type="checkbox"/> Specialty: Swimming Pool Layout	<input type="checkbox"/> Specialty: Swimming Pool Piping	
<input checked="" type="checkbox"/> Plumbing	<input type="checkbox"/> Servicing	<input type="checkbox"/> Specialty: Structure	<input type="checkbox"/> Specialty: Swimming Pool Structural	<input type="checkbox"/> Specialty: Swimming Pool Finishes	
<input type="checkbox"/> General	<input type="checkbox"/> Residential Sheet Metal	<input type="checkbox"/> Specialty: Glass & Glazing	<input type="checkbox"/> Specialty: Swimming Pool Excavation		
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Specialty: Solar Water Heating				

CHECK APPLICABLE TRANSACTION	
One box must be checked in each section below	
<input checked="" type="checkbox"/> Active	<input type="checkbox"/> Individual – DO NOT complete pages 15 – 17.
<input type="checkbox"/> Inactive Inactive status does not apply for businesses. <b>FOR INACTIVE STATUS ONLY, DO NOT COMPLETE THE FINANCIAL STATEMENT FORM AND DO NOT PROVIDE CREDIT REPORTS OR BANK VERIFICATION LETTER.</b>	Business – Complete all pages of application. Name of Business: Seminole Plumbing Inc.

INSURANCE – FOR ACTIVE STATUS ONLY	
Have you obtained public liability and property damage insurance in the amounts determined by rule of the Construction Industry Licensing Board? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>Minimum amounts required for General Liability Insurance:</b> General and Building Contractors - \$300,000 bodily injury; \$50,000 property damage All other Categories - \$100,000 bodily injury; \$25,000 property damage	
Have you obtained workers' compensation insurance or filed for an exemption with the Division of Workers' Compensation, and if not, do you attest that you will obtain an exemption within 30 days after your license is issued? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

\*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654, and Sections 455 203(9), 409 2577, and 409 2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Workforce Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub L. 193, Sec. 317.

2007 November 1

5 of 20

DBPR CILB: Initial Licensure Certified Contractors

JAN 24 2008

CIU REV/ADM



Please give the details of your work experience history. Please refer to Section 489.111, Florida Statutes, and Rule 61G4-15.001, Florida Administrative Code.

EXPERIENCE HISTORY			
SUBMIT ADDITIONAL SHEETS IF NECESSARY			
DESCRIBE EXPERIENCE AND WORK PERFORMED	LIST JOBS where the described Experience was gained (list number of stories if applying for GENERAL) and List the company and/or contractors that supervised your work	Name, Address & Phone Number of Employer or Name of Company	TIME SPENT on projects listed FROM/TO
	M+L Plumbing		
RE PIPE Commercial Building, Job SUPERVISOR	DOUBLE TREE Hotel, Tallahassee, FL 16 story, REPIPED all water LINES, added NEW BOOSTER PUMP, REPLACED 243 SHOWER VALVES	M+L Plumbing 575-9393 P.O. BOX 6447 Tallahassee FL 32314	JUNE 07 SEPTEMBER 07
NEW Construction Rough/stack Trim SUPERVISOR	West minister oaks 22 DUPLEXES, managed all 3 PHASES of work and SEWER and water lines. Regions Contracting	M+L Plumbing 575-9393 SAME	JULY 06 JULY 07
NEW Construction Condo's Rough, stack Trim	4-story Condos, PEX WATER SYSTEM, PUL DRAINAGE managed all 3 PHASES of work	M+L Plumbing 575-9393 SAME	FEB 05 Jan 06
SERVICE WORK all types REPAIRS	HAVE DONE all types of SERVICE WORK from dripping FAUCETS to SEWER REPLACEMENTS normal + AFTER HOURS	M+L Plumbing 575-9393 SAME Jim Bennett's plumb.	NOV-04 Feb-05 SEPT-03 NOV-04

3402C Apalachee Pkwy  
Tallahassee, FL 32301  
(850) 878-3178

<b>QUALIFICATION FOR LICENSURE</b> <b>CHECK ONLY ONE BOX</b>	
A person shall qualify for certification licensure by meeting one of the following requirements:	
<input type="checkbox"/>	1. Four year construction-related degree from an accredited college (equivalent to three years experience) and one year proven experience applicable to the category for which you are applying
<input type="checkbox"/>	2. One year of experience as a foreman and not less than 3 years of credits for any accredited college-level courses
<input type="checkbox"/>	3. One year experience as a workman, one year proven experience as a foreman and two years of credits for any accredited college-level courses
<input type="checkbox"/>	4. Two years experience as a workman, one year experience as a foreman and one year of credits for any accredited college-level courses
<input checked="" type="checkbox"/>	5. Four years experience as a workman or foreman of which at least one year must have been as a foreman
<input type="checkbox"/>	6. Holding an active certified Florida contractor's license. If checked, please fill in: License # _____ Date issued _____  If item #6 is selected: This option only applies to Certified Building, Residential, Air-Conditioning and Swimming Pool contractors as provided in Section 489.111(2)(c)4-6, Florida Statutes.

TO BE COMPLETED BY PERSON VERIFYING EXPERIENCE AND NOTARY PUBLIC. All years of experience necessary for qualification must be verified. Applicants may submit more than one affidavit.	
<p>I <u>Ted C Hyatt III</u> (PRINT NAME OF PERSON VERIFYING EXPERIENCE) certify that I have direct knowledge of the work experience of <u>Randolph Parker</u> (PRINT APPLICANT'S NAME) and that he or she meets the requirements for <u>Certified Plumbing</u> (TYPE OF LICENSE APPLYING FOR) as set forth in Section 489.111(2)c, Florida Statutes, and Rule 61G4-15.001, Florida Administrative Code. I further understand my license can be subject to discipline if the information given and attested to by me is found to be misleading and fraudulent.</p>	
Name of individual verifying experience: <u>Ted C Hyatt III</u>	Verifier's License Number: <u>CFC 1427504</u>
Verifier's Employer (DBA Name): <u>Jim Bennett's Plumbing (Inc)</u>	Verifier's Employer (DBA) Address: <u>3402 Apalachicola Pkwy TALLA FL 32311</u>
Phone Number: <u>(850) 878-3178</u>	
<p>Describe in detail the applicant's duties, dates of employment, and employer, including any hands on/supervisory responsibilities:</p> <p><u>Randolph Parker, worked at Jim Bennett's Plumbing Inc. From 9-17-99 to 11-6-04 in this time he learned all phases of plumbing both residential and commercial. The list includes Realign, tap out, Trim, Service, Repair, Remodel, Gas piping both LP &amp; Natural, Septic tank &amp; drainfield, sewer lift stations, Sewer and water line installation &amp; replacement.</u></p> <p><u>He also has experience from being a crew leader and sometimes overseeing multiple crews on some bigger commercial jobs for 100, to 04, It was a pleasure working with him, I wish him all the best</u></p> <p style="text-align: right;"><u>Ted C Hyatt III V.P.</u> <u>Jim Bennett's Plumbing Inc.</u> <u>878-3178</u> <u>545-6823</u></p>	

Applicant's experience (continued).

Rough in, top cut, trim, service,  
repair, remodel, Gas piping, Septic tank, drainfield  
sewer lift station, sewer and water line installation and replacement

He also has experience as a crew leader and sometime  
over seeing multiple crews on bigger commercial jobs from  
60 to 64

Applicant's Years of Supervisory Experience: From 9-17-99 To 11-6-04  
(DATE) (DATE)

Notarized Signature of Person Verifying Experience: Ted O Hyatt IIIDate: 1-15-08

I may be reached by phone for comment, if necessary, at the telephone number shown below during  
Business hours. **REQUIRED**

Phone Number: (850) 545-6823STATE OF FloridaCOUNTY OF LeonSworn to (or affirmed) and subscribed before me this 15 day of January, 20 08, byTed O Hyatt III (Name of person making statement)

Michelle Conway  
(Signature of Notary Public-State of \_\_\_\_\_)

Michelle Conway  
(Name of Notary; typed, printed, or stamped)

Personally Known ☒ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**

PERSONAL INFORMATION				
Social Security Number [REDACTED]				
Last Name <b>Parker</b>		First <b>Randy</b>	Middle <b>H</b>	Title Suffix
Birth Date (MM/DD/YYYY) <b>04/02/1980</b>		Gender Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		
Race/Ethnicity (check only one):				
<input type="checkbox"/> Black or African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American or Alaskan Native <input checked="" type="checkbox"/> White or Caucasian <input type="checkbox"/> Spanish, Hispanic or Latino <input type="checkbox"/> Other				
MAILING ADDRESS				
Street Address or P.O. Box <b>3540 Rosemont Ridge Rd</b>				
City <b>Tallahassee</b>		State <b>FL</b>	Zip Code (+4 optional) <b>32312</b>	
County (if Florida address) <b>LEON</b>		Country <b>USA</b>		
CONTACT INFORMATION				
Primary Phone Number <b>850-459-8212</b>		Primary E-Mail Address <b>gonoles06@yahoo.com</b>		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
BUSINESS LOCATION ADDRESS				
Business/Firm Name <b>Seminole Plumbing Inc.</b>				
Street Address <b>3540 Rosemont Ridge Rd</b>				
City <b>Tallahassee</b>		State <b>FL</b>	Zip Code (+4 optional) <b>32312</b>	
County (if Florida address) <b>LEON</b>		Country <b>USA</b>		

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number <b>850-219-9105</b>	Fax Number
Alternate E-Mail Address <b>TERah BERah @Hotmail.com</b>	

\*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

PRIOR LICENSE INFORMATION			
If you currently or previously have held a business or professional license/registration in Florida or elsewhere, please list them below:			
1. License/Registration Type <i>Journey man</i>	State <i>FL</i>	Date (From) <i>9-30-06</i>	Date (To) <i>9-30-07</i>
License Number <i>JP06-001</i>		Name Used <i>Randy Parker</i>	
2. License/Registration Type	State	Date (From)	Date (To)
License Number		Name Used	
3. License/Registration Type	State	Date (From)	Date (To)
License Number		Name Used	

BACKGROUND INFORMATION		
1.	Yes <input checked="" type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/> Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withhold of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION WILL BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT
2.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input checked="" type="checkbox"/> Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraudulent or dishonest dealing, or is there any such case or investigation pending?
3.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input checked="" type="checkbox"/> Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input checked="" type="checkbox"/> 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?

If you answered "YES" to questions 1 – 4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. Please utilize form 0050-1 for your responses to questions 1 and 2, and form 0060-1 for your responses to questions 3 and 4. If you have more than seven offenses to document on form 0050-1, attach additional copies of form 0050-1 as necessary.

PRIOR NAME INFORMATION				
Have you used, been known as, or called by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
If your answer is yes, state name or names used below:				
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
1940 North Monroe Street  
Tallahassee, FL 32399 - 0783  
www.MyFloridaLicense.com

**NOTE - This form must be submitted as part of an entire application packet.**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.*

APPLICANT INFORMATION				
Last Name	First	Middle	Title	Suffix
Parker	Randy	H		
Social S		Telephone Number		
		850-459-8212		

APPLYING FOR LICENSURE AS (Select Only One):	
<input type="checkbox"/> Individual - Financial Statement reflects financial condition of APPLICANT	<input type="checkbox"/> Sole Proprietor - Financial Statement reflects financial condition of COMPANY OR OWNER
<input checked="" type="checkbox"/> Corporation - Financial Statement reflects financial condition of CORPORATION	<input type="checkbox"/> Partnership - Financial Statement reflects financial condition of PARTNERSHIP

**As part of the Financial Statement, you must provide the following supporting documentation unless you are submitting an audited CPA prepared financial statement:**

- If you are showing inventory, machinery, fixtures and equipment as part of your total assets, you must attach a listing of these items and monetary value of each to this form.
- If you include "cash in bank" as part of your financial statement, you must submit a bank verification letter that indicates the name on the account and the current account balance. The bank verification letter may be no older than three months. If you are providing a business financial statement, you must ensure that your bank account is in the legal name of the business entity.

**IF YOU ARE APPLYING TO QUALIFY A CORPORATION, PARTNERSHIP, TRUST OR OTHER LEGAL ENTITY, you must also include documented proof that any property, buildings, vehicles, or life insurance is in the name of the corporation, partnership, trust, or legal entity unless you are submitting an audited CPA prepared financial statement.**

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STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION  
NOTE - This form must be submitted as part of an  
application packet.

## APPLICANT INFORMATION

Last Name	First	Middle	Title	Suffix
Parker	Randy	H.		

## EXPLANATION


1999 was a bad turn down the wrong road for me. at 19 yrs old, I see now that I was still just a kid. My parents weren't around so I went a little crazy with partying and the Club scene. With Tallahassee being a college town it was easy to have that "want" to party. Just young dumb mistakes.

Please Consider that these are the only 2 legal problems that I have had. These things happened over eight years ago. I am now a very fortunate, married man with two beautiful children. I have fought a long hard working battle since I started plunking to get to where I am today.

(Pertains to offenses on Form 0050)



# State of Florida



Department of State

I certify from the records of this office that SEMINOLE PLUMBING INC. is a corporation organized under the laws of the State of Florida, filed on January 8, 2008.

The document number of this corporation is P08000001716.

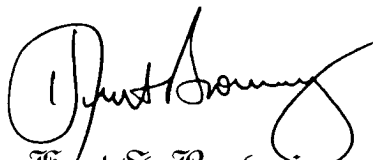
I further certify that said corporation has paid all fees due this office through December 31, 2008, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Eighth day of January, 2008



CR2EO22 (01-07)

  
Kurt S. Browning  
Secretary of State

# Florida Department of Business and Professional Regulation

## Bureau of Education and Testing

### Construction Exam Grade Report

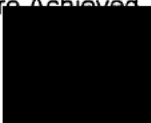
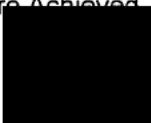
Original

#### Plumbing Contractor

Parker, Randy H  
3540 Rosemont Ridge Rd  
Tallahassee, FL 32312-3687

Candidate Number 572101  
Date: 10/17/2007  
Examination Date 10/16/2007

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Examination Part	Minimum Passing Score	Score Achieved	Part Status
Part I Business & Finance	70 00		Passed
Part II General Trade Knowledge	70 00		Passed

---

**Overall Examination Status** \_\_\_\_\_ **Passed**

#### Pass Candidates

Grades become official when ratified by the board at the December 2007 CILB meeting. Please retain this grade report for your records as you will not receive an "Official" report after ratification.

This is not a license and may not be used for contracting or bidding purposes. If you have met all other requirements and qualifications you may apply for licensure.

Notify the Customer Contact Center at (850) 487-1395 promptly of any change of name or address or update your information online @ [www.myfloridalicense.com](http://www.myfloridalicense.com)

# FAX

To: Carl W. Brown Sr.

From: Randy Parker

Fax:

Pages: 4 including cover

1-850-410-8046

Phone:

Date: March 27, 2008

Re: Financial Statement

☒ Urgent    ☐ For Review    ☐ Please Comment    ☐ Please Reply    ☐ Please Recycle

---

• Comments:

**Under this cover find financial statement documents for Seminole Plumbing.**

Notes on Document:  
CIU - Applications - 1/28/2008

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1) General Note - General Note - 28-Mar-2008 - CHRISTY.SMITH 3/28/2008 4:11:18 PM On Page: 1  
APPLICATION APPROVED; 03/28/08 CSMITH

PARKER, RANDY H;  
CF C1427640

SEMINOLE PLUMBING INC;  
QB 59932

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2) General Note - General Note - 03/25/2008 - SUSAN.GLASS-686 (deactivated) 3/25/2008 2:40:39 PM On  
Page: 3  
0627  
A 163550  
F 75292

CHECKED ENFORCEMENT (ALL CLEAR)

DEFICIENT

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3) General Note - General Note - 03/25/2008 - SUSAN.GLASS-686 (deactivated) 3/25/2008 3:27:55 PM On  
Page: 5  
0604  
A 22389  
F 8717

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[illegible]

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---

• Comments:

**Under this cover find financial statement documents for Seminole Plumbing.**

This application is NOT required if you are applying for an individual license.

[illegible]



<b>BUSINESS INFORMATION</b>		
Corporate Name <i>Seminole Plumbing Inc.</i>	Doing Business As (DBA) <i>Seminole Plumbing Inc.</i>	
Qualified Business License Number	Federal Employer ID Number (FEID) <i>77-675228</i>	
Business No Longer Qualified		
Ownership: Sole Proprietorship <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/>		
<b>MAILING ADDRESS</b>		
Street Address or P.O. Box <i>3540 Rosemont Edge Rd</i>		
City <i>Tallahassee</i>	State <i>FL</i>	Zip Code <i>32312</i>
County (if Florida address) <i>LEON</i>	Country <i>USA</i>	
<b>CONTACT INFORMATION</b>		
Contact Name <i>Randy Parker</i>		
Primary Phone Number <i>904-457-8218</i>	Primary E-Mail Address <i>Rparker@seminoleplumbing.com</i>	
<b>RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)</b>		
Street Address		
City <i>SAFIE</i>	State	Zip Code
County (if Florida address)	Country	
<b>BUSINESS LOCATION ADDRESS</b>		
Street Address		
City	State	Zip Code
County (if Florida address)	Country	

<b>ADDITIONAL CONTACT INFORMATION (OPTIONAL)</b>	
Alternate Phone Number <i>904-523-0518</i>	Fax Number <i>X</i>
Alternate E-Mail Address <i>PROLES@tcl.com</i>	

<b>INSURANCE</b>	
Have you obtained public liability and property damage insurance in the amounts determined by rule of the Construction Industry Licensing Board? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<p><b>Minimum amounts required for General Liability Insurance</b></p> <p>General and Building Contractors - \$300,000 bodily injury, \$50,000 property damage</p> <p>All other Categories - \$100,000 bodily injury, \$25,000 property damage</p>	
Have you obtained workers compensation insurance or filed for an exemption with the Division of Workers' Compensation and, if not, do you attest that you will obtain an exemption within 30 days after your license is issued? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**From:** Seminole Plumbing <randy@seminoleplumbing.com>  
**Sent:** Tuesday, November 29, 2022 11:32 AM  
**To:** Layman, Karen <Karen.Layman@ct.gov>  
**Subject:** Randolph Parker P-1 Plumbing Application

Mrs. Layman,

Could the Plumbing board or powers at be please consider my application giving my experience and 14 years as a licensed master plumber and business owner here in FL? This request comes from the rejection concerning the following-

- 
- 
- 
- **Lack of required 576 hours of related instruction for P-2/P-1 license type**
- **Lack of equivalent out of state license**

I understand the lack of my license being equivalent, but wouldn't that be the reason to apply and take the examination as I am trying to do? I am not requesting reciprocity of my FL license. It is my understanding that both of our states use the same International Plumbing code. I believe the main difference being the climate and more protection of plumbing systems due to the colder climate in your region. I am not wanting to open a plumbing shop in CT. I simply have a FL based client who is going to build some small agricultural buildings somewhere near Meridian CT. We have done 53 of these same building in FL the past 6 years and there will be very little changes in the interior designs and installations. I am well aware of the frost line in the region where these will be constructed and required elevations for all exterior piping. I would request for the plumbing board to review and take into consideration my experience and true intentions with this licensing application. I have applied to GA, AL, and PA for master plumbing licenses for this same client with no issues or rejections. GA and AL also use the same PSI testing provider as listed on the CT application. I thank you for your time and consideration. I am married with 5 daughters, and have 14 employees with families that this particular client has tremendously helped me take care of. I am just trying to keep this going for all of us. thank you.

Randy Parker, Owner  
Seminole Plumbing Inc  
CFC1427640  
8504598212  
[www.seminoleplumbing.com](http://www.seminoleplumbing.com)

Phillipians 4-13