



**GMD Operations & Regulatory Management  
Licensing Section  
2800 North Horseshoe Drive  
Naples, FL 34104**

✓ = DO

X =DO NOT DO

**CHECKLIST**

- VERIFICATION OF 75% PASSING SCORE** (must be approved and recognized throughout the State of Florida, as provided in Section 2.7 of the Contractor's Licensing Board Ordinance)
- Copy of letter from testing facility, or
- APPLICATION** (complete and notarized)
- CREDIT REPORT** (must come from enclosed list of credit bureaus and CANNOT be over 60 days old)
- Individual (license holder)
  - Firm (if more than one year old)
- COMPANY NAME** (sunbiz.org)
- Articles & Certificate of Corporation/Incorporation
  - Fictitious Name
- CERTIFICATE OF GENERAL LIABILITY INSURANCE**
- Collier County Licensing Department must be listed as a Certificate Holder with the above mailing address.
  - Bodily Injury per person \$100,000 minimum, Property Damage \$25,000 minimum (NOTE: If registered with the state, must carry the amounts required by DBPR).
- CERTIFICATE OF WORKER'S COMPENSATION INSURANCE**
- Collier County Licensing Department must be listed as a Certificate Holder with the above mailing address.
  - State Worker's Compensation Construction Exemption: **DO NOT** mail this form until application for license is approved.

NOTE: If you are a "sole proprietor" (an individual or with a fictitious name), you are not eligible for an exemption and **MUST** carry Worker's Compensation insurance.

**STATE REGISTRATION**

The following trades must register with the State Dept. of Business and Professional Regulation before the competency card is considered active for business (DO NOT mail this application until license is approved).

General Contractor	Master Plumber
Building Contractor	Roofing
Residential Contractor	H.A.R.V- Class A & B
Swimming Pool Class- A, B, C	Master Electrician
Mechanical Contractor	Burglar/ Fire Alarm

NOTE: If you already registered with the DBPR, please submit a copy to Collier County Contractor's Licensing.

**FEDERAL TAX NUMBER**

- IRS Form SS-4 (File online at IRS.GOV)
- Incorporated or have more than 1 managing member of the LLC. If you are the ONLY managing member of an LLC, use your SSN.

**VERIFICATION OF EXPERIENCE**

- THREE (3) Affidavits for Verification of Construction Experience  
(Must be signed and notarized by 3 different people)
- TWO (2) Affidavits for Integrity & Good Character  
(Can be signed by any 2 of the 3 people you have chosen for Verification of Construction Experience)

NOTE: The affidavits must state the type of work done, the persons knowledge of the trade, length of time in the trade, etc.

**MAJOR TRADES**

- THREE (3) Notarized Original letters on their company letterhead stating years of experience in that trade, types of work done, the persons knowledge of the trade and Integrity & Good Character.

**BUSINESS TAX RECEIPT/ OCCUPATIONAL LICENSE**

- Collier County Business Tax Receipt (if located in Collier County)  
**OR**
- Business Tax Receipt from where office or business is located.

NOTE: Contact Business Tax for fee amounts at (239) 252-2477.

**ZONING/PLANNING CERTIFICATE**

- Zoning approval for home occupation or business location is in Collier County.

NOTE: Please contact Zoning Department for fee amounts at (239) 252-5250.

**COPY OF DRIVER'S LICENSE**

**COPY OF CITATION**

- If submitting application to abate a citation issued within 45 days of the date of the issuance of the citation.

If you have any questions, please feel free to contact us at:

GMD Operations and Regulatory Management  
Licensing Section  
2800 North Horseshoe Drive  
Naples, FL 34104

Main: (239) 252-2431  
Fax: (239) 252-2469

## **PROOF OF EXPERIENCE**

1.8.1 When determining if the applicant possesses the required experience, the Contractor's Licensing Board Supervisor or his/her designee shall accept the following as proof of experience:

- A. Affidavits/notarized letters from former employees with specifics as to the number of years of experience, work performed and any other relevant information.
- B. Copies of other certificates of competency, if any, held in other counties, cities.
- C. Affidavits from any building director in locations where the applicant has worked.
- D. Affidavits from any union organization of which the applicant has been a member, relative to the trade for which the applicant has made application.
- E. Affidavits from any other reasonable source as approved by the Contractor Licensing Supervisor within the trade applied for.

1.8.2 Education at an accredited school may be utilized to satisfy a portion of the experience requirements of this section. Specifically, each full year of school level work in the field for which the application is made shall be credited to the applicant as .75 years experience, but such credit shall be for no more than one-half of the total experience required.

## **CREDIT BUREAUS**

### **FROM THE YELLOW PAGES OF THE NAPLES PHONE BOOK**

Merit Credit, Inc.	(239) 277-3202	meritcreditservices.com
Credit Check, Inc.	(877) 616-5556	creditcheckinc.com colliercreditreport.com
Licenses, Etc.	(239) 777-8321	licensesetc.com
USA Credit Bureau	(888)474-2270	usacreditbureau.com
Credit Bureau Services, Inc.	(866) 561-1400	elicensereport.com

**NOTE:** You can use any bureau that is nationally recognized & reports a full 7 year history.



**GMD Operations & Regulatory Management  
Licensing Section  
2800 North Horseshoe Drive  
Naples, FL 34104**

APPLICATION FOR  
COLLIER COUNTY/CITY OF NAPLES/CITY OF MARCO

**FIRM**

**INSTRUCTIONS:** This application must be typewritten or legibly printed. The application fee must be paid upon approval and is not refundable. All checks should be made payable to: Collier County Board of County Commissioners. For further information, consult Collier County Ordinance No. 90-105, as amended.

**NAME OF COMPANY:**

Exact Corporate/Business Name: \_\_\_\_\_

Fiction Name/ DBA: \_\_\_\_\_

Qualifier Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

Mailing Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**TYPE OF LICENSE:**

<input type="checkbox"/>	General	\$230.00	<input type="checkbox"/>	Electrician	\$230.00
<input type="checkbox"/>	Building	\$230.00	<input type="checkbox"/>	Plumber	\$230.00
<input type="checkbox"/>	Residential	\$230.00	<input type="checkbox"/>	Air Conditioner	\$230.00
<input type="checkbox"/>	Mechanical	\$230.00	<input type="checkbox"/>	Swimming Pool	\$230.00
<input type="checkbox"/>	Roofing	\$230.00	<input type="checkbox"/>	Specialty	\$205.00

Specialty Trade: \_\_\_\_\_

**CHANGE OF STATUS:**

( ) Reinstatement      ( ) From One Business to Another      ( ) Dormant License to Active

1. The names, titles, home address and phone numbers of all Officers/Managing Members of the Firm.

_____	_____
_____	_____
_____	_____

2. List all businesses, firms, entities or contracting businesses you have been associated with during the last ten years (i.e. held a license for or been a partner). Attach extra pages if needed.

\_\_\_\_\_

\_\_\_\_\_

3. List all debts you or any company(s) associated with you that you refused to pay and the reasons for the refusal to pay. Attach extra pages if needed.

\_\_\_\_\_

\_\_\_\_\_

**AFFIDAVIT**

Under the penalties of perjury I declare that I have read the foregoing application and that the facts stated in it are true.

\_\_\_\_\_

Authorized Officer of the Firm

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)

**QUALIFIER INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS#: XXX-XX-\_\_\_\_\_ E-mail: \_\_\_\_\_

Driver's License #: LAST FOUR # ONLY\_\_\_\_\_

1. Type of Certificate of Competency for which application is made.

\_\_\_\_\_

2. The names and telephone numbers of two persons who will know your whereabouts.

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever been convicted of a crime related to Contracting? \_\_\_\_\_  
(If yes, attach extra sheet with explanation.)

4. Have you or any firms you have been associated with ever filed bankruptcy? \_\_\_\_\_

5. List all debts you or any company(s) associated with you that you refused to pay and the reasons for the refusal to pay and reasons why.

\_\_\_\_\_

\_\_\_\_\_

6. List your business or work experience during the last ten years.

\_\_\_\_\_

7. Statement of any formal training you have had in the area for which the application is made.

\_\_\_\_\_

\_\_\_\_\_

**AFFIDAVIT**

The undersigned hereby makes application for Certificate of Competency under the provisions of Collier County No. 2006-46, as amended, and under penalties of perjury. I declare that I have read the foregoing qualifier information and that the facts stated in it are true.

The undersigned hereby certifies that he is legally qualified to act on behalf of the business organization sought to be licensed in all matters connected with its contracting business and that he has full authority to supervise construction undertaken by himself or such business or organization and that he will continue during this registration to be able to so bind said business organization. The qualified license holder understands that in all contracting matters, he/she will be held strictly accountable for any and all activities involving his license.

Any willful falsification of any information contained herein is grounds for disqualification.

\_\_\_\_\_  
Applicant (please print)

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Signature of Applicant

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)

**AFFIDAVIT**

It is understood and acknowledged by the Collier County Contractor’s Licensing Board and myself that if I fail to acquire, or maintain at all times effective Workmen’s Compensation Insurance it will result in the possible revocation of my Certificate of Competency.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Date

BEFORE ME this day personally appeared \_\_\_\_\_ who affirms and says that he/she has less than one employee and does not require Workmen’s Compensation or understands that at any time he/she employs one or more persons he/she must obtain said Workmen’s Compensation Insurance.

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.

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(SIGNATURE OF NOTARY)



**VERIFICATION OF CONSTRUCTION EXPERIENCE**

GMD Operations & Regulatory Management Department  
Licensing Section  
2800 N. Horseshoe Drive  
Naples, FL 34104

Applicant's Name: \_\_\_\_\_

Certificate Category Requested: \_\_\_\_\_

The applicant is seeking a Collier County Certificate of Competency in the trade indicated above. As part of the application for this certificate, the applicant must verify their experience within this trade. You are being requested to provide information that will aid the applicant in meeting this requirement. You should verify time of active experience working as an apprentice or a skilled worker (e.g. as a worker commanding the wage of mechanic or better in the trade). Time served solely in a supervisory or administrative role should be described, but may or may not be considered sufficient to demonstrate required trade experience. The person verifying trade experience must provide the following information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ The applicant's years of experience from \_\_\_\_\_ to \_\_\_\_\_

The applicant's scope of work (specific duties) included: \_\_\_\_\_

Additional comments: \_\_\_\_\_

Falsifying any information provided herein may subject your license to revocation.

Under the penalties of perjury I declare that I have read the foregoing application and that the facts stated in it are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

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

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

by \_\_\_\_\_ who has produced \_\_\_\_\_  
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Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ The applicant's years of experience from \_\_\_\_\_ to \_\_\_\_\_

The applicant's scope of work (specific duties) included: \_\_\_\_\_

Additional comments: \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

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

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(Date)

by \_\_\_\_\_ who has produced \_\_\_\_\_  
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(SIGNATURE OF NOTARY)

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Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ The applicant's years of experience from \_\_\_\_\_ to \_\_\_\_\_

The applicant's scope of work (specific duties) included: \_\_\_\_\_

Additional comments: \_\_\_\_\_

Falsifying any information provided herein may subject your license to revocation.

Under the penalties of perjury I declare that I have read the foregoing application and that the facts stated in it are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

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)

**AFFIDAVIT OF  
INTEGRITY AND GOOD CHARACTER**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, having been first duly sworn, state and affirm: I am a resident of \_\_\_\_\_ County, \_\_\_\_\_ (State) and have resided here for more than five (5) years.

During the last five years I have known \_\_\_\_\_ (applicant). I have had the opportunity to observe his or her business and personal dealings and find him or her to be a person of honesty, integrity and good character.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

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)

**AFFIDAVIT OF  
INTEGRITY AND GOOD CHARACTER**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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During the last five years I have known \_\_\_\_\_ (applicant). I have had the opportunity to observe his or her business and personal dealings and find him or her to be a person of honesty, integrity and good character.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

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)

**RESOLUTION OF AUTHORIZATION**

WHEREAS \_\_\_\_\_ proposes to engage  
(Name of Business Entity)  
in contracting as \_\_\_\_\_ in  
(Type of legal entity: corp., partnership, etc.)

Collier County, Florida, according to Collier County Ordinance 2006-46, as amended: and

WHEREAS \_\_\_\_\_ proposes to qualify  
(Name of Business Entity)  
for a Certificate of Competency with \_\_\_\_\_.  
(Name of Individual)

NOW, THEREFORE, BE IT HEREBY RESOLVED THAT:

We the undersigned \_\_\_\_\_ of  
(Officers, Owners, Partners)  
\_\_\_\_\_ hereby resolve and represent to the Collier County  
(Name of Business Entity)  
Contractor’s Licensing Board that the qualifying agent, \_\_\_\_\_, is active  
(Name of Individual)  
in all matters connected with the contracting business of \_\_\_\_\_, and  
(Name of Business Entity)

We further resolve and represent that \_\_\_\_\_ is  
(Name of Individual)  
Legally empowered to act for \_\_\_\_\_ in all matters connected with its  
(Name of Business Entity)  
contracting business, and has the authority to supervise construction undertaken by  
\_\_\_\_\_.

(Name of Business Entity)  
DULY PASSED AND ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,  
(Officers, Partners, Owners- with designation underneath)

\_\_\_\_\_  
Witness  
\_\_\_\_\_  
Witness  
\_\_\_\_\_  
Witness  
Corporate Seal (if applicable) or Notary Public Certificate

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_.

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)



Operations and Regulatory Management Division  
Growth Management Department  
Contractor Licensing Section  
2800 North Horseshoe Drive  
Naples, FL 3410

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Date: July 10, 2017

To: Applicants for Certificate of Competency

From: Everildo Ybaceta, Contracting Licensing Supervisor

Subject: Collection of social security numbers

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Pursuant to Chapter I-19, Florida Statutes and Collier County Contractor Licensing Ordinance 2006-46 Section 2.1.1., all applicants are required to submit their social security number (SSN) for the following purposes:

- a) Assess applicant's ability to satisfy creditors by reviewing their credit history.
- b) Verification of applicant's test scores and information.

Our office will only use your SSN noted above for those reasons pursuant to Chapter I-19, Florida Statutes, and as may otherwise be authorized by law.

We are fully committed to safe-guarding and protecting your SSN and once collected, will be maintained as confidential and exempt under Chapter I-19, Florida Statutes.