



**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
 - Letter of Reciprocity from the county of sponsorship is required
- 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.



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2800 North Horseshoe Drive
Naples, FL 34104**

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

INDIVIDUAL

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.

QUALIFIER INFORMATION:

Name: _____

Address: _____
(Number & Street) (City) (State) (Zip Code)

Telephone: _____ Date of Birth: _____

SSN: XXX-XX-_____ Driver's License #: LAST FOUR # ONLY_____

FICTITIOUS NAME (IF APPLICABLE):

Name: _____

Address: _____
(Number & Street) (City) (State) (Zip Code)

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: _____

IF PARTNERSHIP:

Name: _____

Address: _____
(Number & Street) (City) (State) (Zip Code)

Telephone: _____

1. 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.

2. 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.

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

4. Have you ever been convicted of a crime related to Contracting? _____

(If yes, attach extra sheet with explanation.)

5. Have you or any firms you have been associated with ever filed bankruptcy? _____

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)

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.

NOTARY’S SEAL

(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 _____

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(Date)

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

as identification and did not take an oath.

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County of _____

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(Date)

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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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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**

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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 34104

Date: July 31, 2017

To: Applicants for Certificate of Competency

From: Everildo Ybaceta, Contracting Licensing Supervisor

Subject: Collection of social security numbers

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.