

APPLICATION FOR COLLIER COUNTY CERTIFICATE OF COMPETENCY

**CHECKLIST: INDIVIDUAL REINSTATEMENT FOR
COLLIER COUNTY CERTIFICATE OF COMPETENCY**

Prior to submission of your application to the Contractor Licensing Board, staff will review your application to assure all required documentation is present.

- COMPLETE AND NOTARIZED APPLICATION**
- PROOF OF SATISFACTION OF LIENS, JUDGEMENTS, AND DISCHARGE OF BANKRUPTCY**
(documentation required for any YES responses in the table contained in Section III)
- CREDIT REPORT** Provide proof of financial stability and responsibility by submitting a credit report from a nationally recognized credit agency. Credit reports must include a FICO-derived credit score and indicate that local, state, and federal records have been searched. Financial responsibility is demonstrated by a minimum credit score of 660. See below list for some agencies approved by the DBPR.
- FICTITIOUS NAME RECORDING, IF APPLICABLE** If you are applying for an application under a fictitious name, provide a copy of the fictitious name recording with the Florida Department of State, Division of Corporations. Fictitious name registration forms are available at sunbiz.org. For further information, contact the Florida Department of State at (850) 245-6000.
- ONE (1) NOTARIZED AFFIDAVITS ATTESTING TO INTEGRITY AND CHARACTER** Attach two (2) original, notarized affidavits attesting to your honesty, integrity, good business reputation and competence in the trade category for which you are applying. Individuals may be the same as those providing verification of experience affidavits. The required affidavits are attached to this application and should be completed by individuals who have resided in Collier County for a minimum of five (5) years.
- COPY OF DRIVER'S LICENSE**

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Once approved by the Contractor Licensing Supervisor, please provide the below documents:

- **CERTIFICATE OF WORKMEN’S COMPENSATION INSURANCE** Attach an original Certificate of Workmen’s Compensation insurance showing Collier County Contractor Licensing Board as the certificate holder, using the above mailing address. If exempt, submit a copy of the approved exemption from the State Department of Labor.
- **CERTIFICATE OF GENERAL LIABILITY INSURANCE** The applicant will be required to present proof of liability insurance issued from an insurance company licensed to do business in the State of Florida. Collier County Contractor Licensing Board must be listed as the certificate holder, using the above mailing address. State-registered applicants are required to carry the minimum amounts set by the DBPR.
- **BUSINESS TAX RECEIPT** Business tax receipt from the jurisdiction where the office or business is located. If located within Collier County, please provide Collier County business tax receipt (located in the same building as Contractor Licensing; Tel.: 239-252-2477).
- **STATE REGISTRATION** The following trades must register with the State Department of Business and Professional Regulation (DBPR) before the competency card is considered active for business:

General Contractor	Roofing	Mechanical Contractor Class A, B, & C
Building Contractor	Swimming Pool Class A, B, & C	Master Electrical
Residential Contractor	Master Plumber	Burglar/ Fire Alarm

Credit Reporting Agencies – For Reference Only

(This listing is not all inclusive. You may submit credit reports from agencies not included on this list, so long as they meet the required criteria including a FICO-derived credit score and indicate that local, state, and federal records have been searched.)

1st United CRS
www.unitedcrs.com
PH239-206-1049
PH 800-539-8000

Credit Check, Inc.
www.creditcheckinc.com
PH 561-616-5556
PH 877-616-5556

Licenses, Etc.
www.licensesetc.com
PH 239-777-1028
PH 954-573-2700

Merit Credit
www.meritcreditservices.com
PH 239-277-3202
PH 800-371-3348

Credit Plus, Inc
PH 818-331-1048

USA Credit Bureau
PH 888-474-2270

APPLICATION FOR COLLIER COUNTY CERTIFICATE OF COMPETENCY

**INDIVIDUAL REINSTATEMENT FOR
COLLIER COUNTY CERTIFICATE OF COMPETENCY**

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. 2006-46, as amended.

TYPE OF CERTIFICATE OF COMPETENCY:

- | | | | |
|--------------------------------------|----------|--|----------|
| <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: _____

I. APPLICANT PERSONAL AND BUSINESS INFORMATION:

Name: _____
First Middle Initial Last

Address: _____
Street City State Zip

Email: _____

Telephone: _____ SS# (Last 4 digits only) _____

Date of Birth: _____ Driver's License # (Last 4 digits only) _____

***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.**

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Provide the names and telephone numbers of two persons who will always know your whereabouts.

Name: _____ Name: _____

Telephone: _____ Telephone: _____

II. FICTITIOUS NAME OF APPLICANT'S BUSINESS:

Business Name: _____
(If no company name will be used, write "Individual")

Business Address: _____
Street City State Zip

Telephone: (_____) _____

Federal ID Tax No.: _____

III. FINANCIAL RESPONSIBILITY

YES	NO	ALL APPLICANTS MUST ANSWER THE QUESTIONS BELOW:
		Undertaken construction contracts or work that a third party, such as a bonding or surety company, completed or made financial statements on?
		Had claims or lawsuits filed for unpaid or past due accounts by your creditors as a result of construction experience?
		Undertaken construction contracts or work that resulted in liens, suits, or judgments being filed?
		Had a lien filed against you by the Internal Revenue Service or Florida Corporate Tax Division?
		Made an assignment of assets in settlement of construction obligations for less than the debts outstanding?
		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" disciplinary action by a state, county, or municipality?
		Filed for or been discharged in bankruptcy within the past 5 years?
		Been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction within the past 10 years?*

NOTE. If you have answer **YES** to any of the questions below, you must attach a written explanation including the nature of the charges, dates, and outcomes, sentences or conditions imposed. You must also attach proof of payment, satisfaction of lien or judgement, bankruptcy discharge, or agreements for payment.

*If you have had a felony conviction, proof that your civil rights have been restored will be required prior to licensure.

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IV. EXPERIENCE VERIFICATION

EDUCATION:

List below and provide transcripts for any formal education you have obtained in the area of competency for which this application is being made:

List below non formal education (on the job training) you have obtained in the area of competency for which this application is being made:

CURRENT/PREVIOUS LICENSE:

List below and attach copies any other certificates of competency/licenses you hold/have held in Collier County or any other jurisdiction. Include the license #, Type, and county you hold it in.

AFFIDAVIT

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

Applicant (please print)

Signature of Applicant

State of _____

County of _____

The foregoing instrument as acknowledged before me this _____
Date

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

as identification and did not take an oath.

(SIGNATURE OF NOTARY)

NOTARY'S SEAL

APPLICATION FOR COLLIER COUNTY CERTIFICATE OF COMPETENCY

CERTIFICATION OF APPLICATION

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 _____

County of _____

The foregoing instrument as acknowledged before me this _____
date

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

as identification and did not take an oath.

(SIGNATURE OF NOTARY)

NOTARY'S SEAL

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WORKMEN'S COMPENSATION AFFIDAVIT

It is understood and acknowledged by the Collier County Contractors' 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.

Applicant (please print)

Name of Company

Signature of Applicant

BEFORE ME this day personally appeared _____ who affirms and
Applicant (please print)

says that he has less than one employee and does not require Workmen's Compensation understands that at any time he employees one or more persons he must obtain said Workmen's Compensation Insurance.

State of _____

County of _____

The foregoing instrument as acknowledged before me this _____
date

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

as identification and did not take an oath.

(SIGNATURE OF NOTARY)

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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 (5) 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

Printed Name

Address: _____
Street

City State Zip

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.

(SIGNATURE OF NOTARY)

NOTARY'S SEAL

APPLICATION FOR COLLIER COUNTY CERTIFICATE OF COMPETENCY

COLLECTION OF SOCIAL SECURITY NUMBERS

Date: APRIL 12, 2018

To: Applicants for Certificate of Competency

From: Everildo Ybaceta, Contractor Licensing Supervisor

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.