

APPLICATION FOR COLLIER COUNTY CERTIFICATE OF COMPETENCY

CHECKLIST: JOURNEYMAN REINSTATEMENT APPLICATION

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)

- ONE (1) NOTARIZED AFFIDAVITS ATTESTING TO INTEGRITY AND CHARACTER** Attach one (1) 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**

APPLICATION FOR COLLIER COUNTY CERTIFICATE OF COMPETENCY

**JOURNEYMAN REINSTATEMENT APPLICATION 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 JOURNEYMAN LICENSE:

- | | |
|--------------------------------------|---------|
| <input type="checkbox"/> Electrician | \$80.00 |
| <input type="checkbox"/> Plumber | \$80.00 |
| <input type="checkbox"/> Mechanical | \$80.00 |

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. 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 of 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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III. 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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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

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COLLECTION OF SOCIAL SECURITY NUMBERS

Date: APRIL 2, 2017

To: Applicants for Certificate of Competency

From: Everildo Ybaceta, Contractor Licensing Supervisor

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- 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.