

APPLICATION FOR COLLIER COUNTY CERTIFICATE OF COMPETENCY

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

Prior to submission of your application to the Contractor Licensing Supervisor, 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 APPLICANT & BUSINESS (IF OVER 1 YEAR OLD)** 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** 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.
- FLORIDA COMPANY DOCUMENTS** Provide the Articles of Organization issued by the Florida Department of State, Division of Corporations.
- FEDERAL TAX NUMBER** Please provide the IRS form SS-4 Form that shows the Employer Identification Number for the company.
- RESOLUTION OF AUTHORIZATION** Complete this form if multiple people own part of the company and someone owns more than 50%. If someone does not, then this form is not required for the application.
- STATEMENT OF OWNERSHIP** Complete this form to show how much ownership you, the license holder, has within the company you are attaching the license to.
- 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).

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
PH 239-206-1049
PH 800-539-8000

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

Credit Plus, Inc
PH 818-331-1048

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

USA Credit Bureau
PH 888-474-2270

APPLICATION FOR COLLIER COUNTY CERTIFICATE OF COMPETENCY

**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 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 INFORMATION:

Name: _____
First Middle Initial Last

Business Name: _____

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:
		Filed for or been discharged in bankruptcy within the past 5 years?
		Had a lien filed against you by the Internal Revenue Service or Florida Corporate Tax Division?
		Undertaken construction contracts or work that resulted in liens, suits, or judgments being filed?
		Undertaken construction contracts or work that a third party, such as a bonding or surety company, completed or made financial statements on?
		Made an assignment of assets in settlement of construction obligations for less than the debts outstanding?
		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?*
		Had claims or lawsuits filed for unpaid or past due accounts by your creditors as a result of construction experience?
		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?

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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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 _____ by
Date

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

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 _____ by
date

_____ 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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RESOLUTION OF AUTHORIZATION

Complete this form if multiple people own part of the company the license will be attached to.
If there is only 1 owner, then this form is not required for the application.

In accordance with Collier County Ordinance 2006-46, as amended, _____ proposes
Company Name
 to engage in contracting as _____ in Collier County where _____
Officers/Owners/Partners Applicant Name
 proposes to qualify for a Certificate of Competency with company _____.
Company
 It is hereby agreed upon that we the undersigned _____ of _____
Officers/Owners/Partners Company
 resolve and represent to the Collier County Contractor's Licensing Board that the proposed qualifying agent,
 _____, is active in all matters connected with the company named
Applicant Name
 _____.
Company We further resolve and represent that _____ is legally
Applicant Name
 empowered to act on behalf of _____ in all matters connected with its contracting
Company
 business and has the authority to supervise construction undertaken by _____.
Company

Officers/Owners/Partners

Witness

Officers/Owners/Partners

Witness

Officers/Owners/Partners

Witness

Officers/Owners/Partners of the above mentioned company need to sign on the right and a witness to the signature signs on the left.

State of _____

County of _____

The foregoing instrument as acknowledged before me this _____
date

by _____ who has produced _____
name of person acknowledging (Officers/Owners) type of identification or known

as identification and did not take an oath.

 (SIGNATURE OF NOTARY)

NOTARY'S SEAL

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STATEMENT OF OWNERSHIP

This certifies that I, _____ am a member or managing
APPLICANT'S NAME (please print)

member of _____
(LIMITED LIABILITY COMPANY NAME)

I own _____% of the units issued by the Limited Liability Company listed above.

Affidavit of Applicant: I certify under penalty of perjury that the information contained is a true and correct statement to the best of my knowledge.

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)

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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 _____ as identification
name of person acknowledging type of identification

and did not take an oath.

(SIGNATURE OF NOTARY)

NOTARY'S SEAL

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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.