

Growth Management Community Development Department
Code Enforcement Division – Contractor Licensing
2800 N Horseshoe Dr, Naples, FL 34104
contractorslicensing@colliercountyfl.gov

(239) 252-2431

### <u>Application for Certificate of Competency – Business Organization</u>

- COMPLETE AND NOTARIZED APPLICATION.
- VERIFICATION OF MINIMUM 75% PASSING SCORE ON EXAMINATION(S): Attach proof that you have passed the appropriate exam(s) with a minimum grade of 75%. Acceptable documents include a copy of the letter from an approved testing agency [Gainesville Independent Testing (GITS) or PROV] or a letter of reciprocity from another Florida jurisdiction [with exam date(s) and results].
- **PROOF OF SATISFACTION OF LIENS, JUDGEMENTS, AND DISCHARGE OF BANKRUPTCY**: Documentation required for any <u>"YES"</u> responses in the table contained in Section III of the application.
- **CREDIT REPORT**: A credit report from a nationally recognized credit agency if the business organization has been in existence for more than one year. If the business organization has been in existence for less than one year, a credit report on every business organization in which the applicant/qualifier was an agent is required. If neither of the above is applicable a personal credit report on the applicant/qualifier is required.
- **FLORIDA COMPANY DOCUMENTS**: Provide the Articles of Organization issued by the Florida Department of State, Division of Corporations. Include a summary print out from Sunbiz.org for your company name registration. Also provide a copy of the fictitious name recording, if applicable, with the Florida Department of State, Division of Corporations. Name registration forms are available at sunbiz.org.
- APPLICANT'S INDIVIDUAL OR BUSINESS ORGANIZATION'S: United States Internal Revenue Tax Number.
- **STATEMENT OF OWNERSHIP**: Complete this form to indicate how much ownership you, the license holder, have within the company you are attaching the license to.
- RESOLUTION OF AUTHORIZATION: Complete this form if multiple people own part of the company.
- NOTARIZED AFFIDAVITS VERIFYING CONSTRUCTION EXPERIENCE: Attach notarized affidavit(s) verifying that you have the necessary experience in the area covered by the certificate of competency you are seeking. Affidavits are attached to this application and must be completed by past or present employers that are licensed and actively engaged in the construction services field. These cannot be completed by relatives. The following documents are acceptable alternatives to the affidavits in this application:
  - Affidavits from former employers with specifics as to the number of years of experience, work performed and any other relevant information.
  - Copies of other certificates of competency, if any, held by the applicant in other counties or cities.
  - o Affidavits from any building director in locations where the applicant has worked.
  - Affidavits from any union organization of which the applicant has been a member relating to the trade for which the applicant has made application.
  - o Affidavits from any other source within the trade applied for

- MAJOR TRADES: Include 3 notarized letters on company letterhead from contractors you have worked with. Please include applicant's years of experience in the trade, types of work done, knowledge of the trade, and integrity and good character.
- 2 NOTARIZED AFFIDAVITS ATTESTING TO INTEGRITY AND CHARACTER: Attach 2 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.
- COPY OF DRIVER'S LICENSE.
- **CERTIFICATE OF WORKMEN'S COMPENSATION INSURANCE**: Attach 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(s) 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.

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

- **BUSINESS TAX RECEIPT**: If the business is physically located within Collier County, please provide the Collier County business tax receipt.
- **STATE REGISTRATION**: The following trades must register with the State Department of Business and Professional Regulation (DBPR) before the certificate of competency is considered active for business:

General Contractor
Building Contractor
Residential Contractor
Roofing Contractor

Mechanical Contractor

AC Contractor Class A, B, and C
Plumbing Contractor
Electrical Contractor
Swimming Pool Contractor Class A, B, and C
Burglar/Fire alarm Contractor

#### **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 239-206-1049 800-539-8000

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

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

> Credit Plus, Inc 818-331-1048 PH 888-474-2270

#### **Application for Certificate of Competency – Business Organization**

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.

Address:Street Email: Primary Phone			e of Birth
Street	·		•
	City	State	Zip
	City		
First	Mi	iddle Initial	Last
Name:		Personal Information:	
Specialty Tra	de:		
☐ Roofing	\$230.00	☐ Specialty	\$205.00
☐ Mechanical	\$230.00	☐ Swimming Pool	\$230.00
☐ Residential	\$230.00	☐ Air Conditioner	\$230.00
☐ Building	\$230.00	☐ Plumber	\$230.00
□ <b>D</b> 31-15	\$230.00	□ Electrician	\$230.00
☐ General	¢220.00		

Pursuant to Collier County Contractor Licensing Ordinance No. 2006-46 Section 2.1.1., all applicants are required to submit their social security number, driver's license, and date of birth 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. c) Verification of applicant's identity. Our office will only use the personal information noted above for those reasons pursuant to Chapter 119, Florida Statutes, and as may otherwise be authorized by law. We are fully committed to safeguarding and protecting your personal information and once collected, will be maintained as confidential and exempt under Chapter 119, Florida Statutes.

# Name: \_\_\_\_\_\_ Name: \_\_\_\_\_\_\_ Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_\_ II. Name of Applicant's Business: Business Name: \_\_\_\_\_\_ Business Address: \_\_\_\_\_\_ Street City State Zip Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Federal ID Tax No.: \_\_\_\_\_

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

#### 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 <u>YES</u> 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.

# **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(s): Contracting Businesses Owned by the Business Organization During the Last Five Years: **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 was acknowledged before me by means of $\square$ physical presence or $\square$ online notarization on this \_\_\_day of \_\_\_\_\_\_, 20 \_\_\_\_, by \_\_\_\_\_ Such person(s) Notary Public must check applicable box: $\square$ are personally known to me $\square$ has produced a current driver license

Notary Signature:

☐ has produced \_\_\_\_\_\_as identification.

(Notary Seal)

### **Verification of Construction Experience**

The applicant is seeking a Collier County Certificate the applicant must verify his/her experience with meeting this requirement. Please verify the time administrative can be included but may or may not the following information:	in this trade. You are being requested to provi of active experience and be as detailed as pos	ide information that will a ssible. Time served solely	aid the applicant in in a supervisory or
Name:	Title:		
Business Name:			
Phone:	License No. (if applicab	ole):	
Business Address:			
Street	City	State	Zip
The applicant was employed by me from	to		
Applicant's title:			
			nmercial Building
least one year of supervisory experience: Y	YES NO Interior		nmercial Building
least one year of supervisory experience: Y	YESNO Interior  AFFIDAVIT		nmercial Building
least one year of supervisory experience: Y	YESNO Interior  AFFIDAVIT		nmercial Building
least one year of supervisory experience: Y nature  State of County of The foregoing instrument was acknowledge	AFFIDAVIT  f	Exterior esence or □ online not	arization on this
least one year of supervisory experience: Y nature  State of County of The foregoing instrument was acknowledge	AFFIDAVIT  f ged before me by means of $\square$ physical pro	Exterior esence or □ online not	arization on this
State of County of, 20, by person(s) Notary Public must check applic	AFFIDAVIT  f ged before me by means of $\square$ physical pro	Exterior esence or □ online not	arization on this
The foregoing instrument was acknowledsday of, 20, byperson(s) Notary Public must check applic	AFFIDAVIT  f ged before me by means of $\square$ physical proceed before me by means of $\square$ physical proceed a current driver license	Exterior esence or □ online not	arization on this

### **Verification of Construction Experience**

Applicant's Name:			
Certificate Category Requested:			
The applicant is seeking a Collier County Certificate of Conthe applicant must verify his/her experience within this trameeting this requirement. Please verify the time of active administrative can be included but may or may not be corthe following information:	ade. You are being requested to provid experience and be as detailed as possi	e information that will a ble. Time served solely	id the applicant in in a supervisory or
Name:	Title:		
Business Name:			
Phone:	License No. (if applicable	e):	
Business Address:			
Street	City	State	Zip
The applicant was employed by me from	to		
Applicant's title:			
Detailed description of the applicant's scope of wor	rk (specific duties) included:		
Detailed description of the applicant's scope of wor	Residential Multi-Family Cor	ndominium Com	nmercial Building _
eck all that apply: Residential Single Family R	Residential Multi-Family Cor NO Interior _		nmercial Building _
eck all that apply: Residential Single Family R least one year of supervisory experience: YES	Residential Multi-Family Cor NO Interior _		nmercial Building _
eck all that apply: Residential Single Family R least one year of supervisory experience: YES	Residential Multi-Family Cor NO Interior _ 		nmercial Building _
eck all that apply: Residential Single Family R least one year of supervisory experience: YES	Residential Multi-Family Cor NO Interior  AFFIDAVIT  ore me by means of $\Box$ physical pres	Exterior	arization on this
eck all that apply: Residential Single Family R least one year of supervisory experience: YES  nature County of  The foregoing instrument was acknowledged before	Residential Multi-Family Cor NO Interior AFFIDAVIT ore me by means of $\Box$ physical pres	Exterior	arization on this
eck all that apply: Residential Single Family R  least one year of supervisory experience: YES  nature  State of County of  The foregoing instrument was acknowledged before day of, 20, by  person(s) Notary Public must check applicable books.	Residential Multi-Family Cor NO Interior AFFIDAVIT ore me by means of $\Box$ physical pres	Exterior	arization on this
eck all that apply: Residential Single Family R  least one year of supervisory experience: YES  nature  State of County of  The foregoing instrument was acknowledged before day of, 20, by  person(s) Notary Public must check applicable books.	Residential Multi-Family Cor NO Interior  AFFIDAVIT  ore me by means of $\square$ physical presents:  ux:  uced a current driver license	Exterior	arization on this

### **Verification of Construction Experience**

The applicant is seeking a Collier County Certificate the applicant must verify his/her experience with meeting this requirement. Please verify the time administrative can be included but may or may not the following information:	in this trade. You are being requested to provi of active experience and be as detailed as pos	ide information that will a ssible. Time served solely	aid the applicant in in a supervisory or
Name:	Title:		
Business Name:			
Phone:	License No. (if applicab	ole):	
Business Address:			
Street	City	State	Zip
The applicant was employed by me from	to		
Applicant's title:			
			nmercial Building
least one year of supervisory experience: Y	YES NO Interior		nmercial Building
least one year of supervisory experience: Y	YESNO Interior  AFFIDAVIT		nmercial Building
least one year of supervisory experience: Y	YESNO Interior  AFFIDAVIT		nmercial Building
least one year of supervisory experience: Y nature  State of County of The foregoing instrument was acknowledge	AFFIDAVIT  f	Exterior esence or □ online not	arization on this
least one year of supervisory experience: Y nature  State of County of The foregoing instrument was acknowledge	AFFIDAVIT  f ged before me by means of $\square$ physical pro	Exterior esence or □ online not	arization on this
State of County of, 20, by person(s) Notary Public must check applic	AFFIDAVIT  f ged before me by means of $\square$ physical pro	Exterior esence or □ online not	arization on this
The foregoing instrument was acknowledsday of, 20, byperson(s) Notary Public must check applic	AFFIDAVIT  f ged before me by means of $\square$ physical proceed before me by means of $\square$ physical proceed a current driver license	Exterior esence or □ online not	arization on this

# <u>Affidavit of Integrity and Good Character</u>

l,	, having been fir	st duly sworn, state and affirm:	
During the last	years I have known	(applicant). I h	nave had the opportunity
to observe his or her	business and personal dealings and	find him or her to be a person of hor	nesty, integrity and good
character.			
			Signature
			Printed Name
		Address:Street	
		Street	
		City	State Zi
State of	County of		
day of	, 20, by	means of □ physical presence or □ or	
person(s) Notary Pub	lic must check applicable box:		
☐ are personally know	wn to me 🗆 has produced a cur	rent driver license	
are personally kno			
	as identi	ification.	

# <u>Affidavit of Integrity and Good Character</u>

l,		, having bee	n first duly sworn	n, state and affirm:		
During the last	years I have knov	vn		(applicant).	I have had the opport	unity
to observe his or l	her business and per	sonal dealings a	and find him or h	ner to be a person of h	onesty, integrity and	good
character.						
					Sig	nature
					Printed	Name
				Address:		
				Street		
				City	State	Z
				Telephone:		
State of	County	of				
The foregoing inst	rument was acknowle	edged before me	e by means of □ p	ohysical presence or $\Box$	online notarization or	this
day of	, 20, b	у				Su
person(s) Notary P	Public must check app	olicable box:				
☐ are personally k	nown to me	l has produced a	current driver lic	cense		
☐ has produced _		as id	entification.			
ary Seal)						
			Notary Signat	ture:		

#### **Statement of Ownership**

This certifies that I,	
APPLICANT'S NAME (please print)	
am a member or managing member of(COMPANY NAME)	
(COMPANY NAME)	
I own % of the units issued by the Limited Liability Company listed above.	
AFFIDAVIT:	
certify under penalty of perjury that the information contained is a true and correct statement to the best of my kno	wledge.
Applicant (p	olease print)
Name	of Company
Signature	of Applicant
State ofCounty of	
The foregoing instrument was acknowledged before me by means of $\Box$ physical presence or $\Box$ online notarization	on on this
day of, 20, by	
person(s) Notary Public must check applicable box:	
☐ are personally known to me ☐ has produced a current driver license	
☐ has producedas identification.	
otary Seal)	
Notary Signature:	

### **Resolution of Authorization**

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

In accordance with Collier County Ordinance 2006-46,		(Company Name)
proposes to engage in contracting as	in Collier County where	2
(Officers/Owners/Po	Partners)	(Qualifier Name)
proposes to qualify for a Certificate of Competency wit	th	
	(Compa	any name)
It is hereby agreed upon that we the undersigned		of
	(Officers/Owners/Partners)	(Company)
resolve and represent to the Collier County Contracto	or Licensing Board that the prop	osed qualifying agent,
, is active in all	matters connected with the co	mpany named
(Qualifier Name)		,
We further re (Company)	esolve and represent that	is legally
(Company)		(Qualifier Name)
empowered to act on behalf of	in all matters of	connected with its contracting
(Compa	iny)	
	(5)	ompany)
	· 	
Officers/Owners/Partners	Witne	
Officers/Owners/Partners  Officers/Owners/Partners	· 	ess
	Witne	ess
Officers/Owners/Partners	Witne	ess
Officers/Owners/Partners	Witne	ess
Officers/Owners/Partners  Officers/Owners/Partners	With  With  With  With  Mith  With  Physical pres	ess ess ess ess ess
Officers/Owners/Partners  Officers/Owners/Partners  State of County of  The foregoing instrument was acknowledged before response to the control of the control	With  With  With  With  Mith  With  Physical pres	ess ess ess ess ess
Officers/Owners/Partners  Officers/Owners/Partners  State of County of The foregoing instrument was acknowledged before rown day of, 20, by person(s) Notary Public must check applicable box:	With  With  With  With  Mith  With  Physical pres	ess ess ess ess ess
Officers/Owners/Partners  Officers/Owners/Partners  State of County of The foregoing instrument was acknowledged before rown day of, 20, by person(s) Notary Public must check applicable box:	With  With  AFFIDAVIT  me by means of □ physical pres	ess ess ess ess ess

## **Workmen's Compensation Affidavit**

It is understood and acknowledged that if I fail to acquire or maintain effective Workmen's Compensation Insurance it may result in the revocation of my Certificate of Competency.

	Applicant (please print)  Name of Company
	Name of Company
	Signature of Applicant
AFF	<u>IDAVIT</u>
nty of	
= .	means of $\square$ physical presence or $\square$ online notarization on this Su
applicable box:	
☐ has produced a cur	rent driver license
as ident	ification.
1	Notary Signature:
,	owledged before me by , by applicable box: has produced a curas ident

#### **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/she 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/her license.

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

Name of Company	
Name of Company	
Signature of Applicant	
<u>AFFIDAVIT</u>	
State of County of	
The foregoing instrument was acknowledged before me by means of $\square$ physical presence or $\square$ online notarization	on this
day of, 20 , by	Such
person(s) Notary Public must check applicable box:	
$\square$ are personally known to me $\square$ has produced a current driver license	
☐ has producedas identification.	
(Notary Seal)	
Notary Signature:	