

# APPLICATION FOR LEE COUNTY CERTIFICATE OF COMPETENCY

Lee County Contractor Licensing  
P.O. Box 398, Fort Myers, Florida 33902  
(239) 533-8895 Contractorlicensing@leegov.com

## I Applicant's Name \_\_\_\_\_

Type of Certificate of Competency Requested \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City y State Zip

Mailing Address \_\_\_\_\_  
Street City y State Zip

E-Mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

## II Company Name \_\_\_\_\_

(If no company name will be used, write "individual")

Street Address \_\_\_\_\_  
Street City y State Zip

Mailing Address \_\_\_\_\_  
Street City y State Zip

Office Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

## III Exam Verification

Attach proof that you have taken and passed the appropriate exam. Acceptable proof includes a copy of the Prometric, Thompson Prometric, Experior, Block & Associates, Gainesville Independent Testing or NAI-Block test result form, or a letter of reciprocity from another Florida jurisdiction. Lee County will accept exams taken in the past 5 years for certificates of competency currently being offered in Lee County.

## IV Experience Verification

Attach original notarized documents verifying that you have the necessary experience in the area covered by the certificate of competency you are seeking. This document is attached to this application for your convenience it must be completed by past or present employers licensed and actively engaged in the construction services field. However, proof of licensure by other jurisdictions, without additional experience verification, will not satisfy this requirement.

**The Board can refuse to accept any statement that is: (1) not clearly an original document or (2) where the fact of the document provides evidence that the statement has been changed from its original form.**

#### IV Current Licenses

Please list any current construction licenses you hold in Lee County or any other jurisdiction.

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#### V Financial Responsibility

All applicants must answer the following statements. If you answer "yes" to any of them, a full written explanation is required. If you are applying to qualify a corporation, partnership or other legal business entity, officers (president, vice president, secretary, partners or owner of proprietorship) of that entity must also provide an explanation if a "yes" answer to any of these questions pertain to them.

**HAVE YOU** (or a partnership in which you were a partner or an authorized representative, or a corporation in which you were an officer or an authorized representative) **EVER:**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Undertaken a construction contract or work that a third party, such as a bonding or surety company, completed or made financial statements on?
<input type="checkbox"/>	<input type="checkbox"/>	Had claims or lawsuits filed for unpaid or past due accounts by your creditors as a result of construction operations?
<input type="checkbox"/>	<input type="checkbox"/>	Undertaken construction contracts or work which resulted in liens, suits or judgments being filed which were not satisfied without damage or harm to any 3rd party?
<input type="checkbox"/>	<input type="checkbox"/>	Had a lien filed against you by the U.S. Internal Revenue Service or Florida tax division?
<input type="checkbox"/>	<input type="checkbox"/>	Made an assignment of assets in settlement of construction obligations for less than the outstanding debts?
<input type="checkbox"/>	<input type="checkbox"/>	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, had a disciplinary action against your license?
<input type="checkbox"/>	<input type="checkbox"/>	Filed bankruptcy, personal or business, in the last five years?
<input type="checkbox"/>	<input type="checkbox"/>	Been found guilty of any crime other than a traffic violation?

NOTE: Any applicant answering yes to one of the financial responsibility questions must provide the Board with an explanation. The explanation should be a written statement outlining the steps the applicant has taken to prevent a recurrence of the circumstances leading to the conviction, judgment, discipline, bankruptcy or other event involved. The applicant is also required to attach any applicable proof of payment, satisfaction of lien or judgment, bankruptcy discharge or agreements for payment.

## VI Qualifying A Company

Both sections "A" & "B" must be completed. If you will be operating in your individual name, complete section B only (write N/A in all blanks of section A). Otherwise, fully complete both section A and B accordingly, if a corporation the Secretary must sign.

- A) At a meeting of (Company Name) \_\_\_\_\_, held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, (Name of Qualifier) was legally appointed as the qualifier to act for the business organization in all matters connected with its contracting business, and was given authority to supervise construction undertaken by the business.

\_\_\_\_\_  
Signed by Secretary, Partner or Owner

- B) I (Applicant's Name) \_\_\_\_\_, acknowledge that in accordance with the Lee County Construction Licensing Ordinance, I am personally responsible for all of the financial affairs of the business I am applying to qualify. I realize that this includes "financial matters", both for the organization in general and for each specific job.

\_\_\_\_\_  
Signature of Applicant

## VII Previous Certificates

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been granted a Lee County Certificate of Competency? License Number _____ Certificate Category _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you voluntarily relinquish this license?
<input type="checkbox"/>	<input type="checkbox"/>	Did you allow this license to lapse after it was placed on involuntary inactive status? A Lee County Certificate of Competency can be placed on involuntary inactive status for (1) failure to renew the license; (2) failure to maintain liability insurance; or (3) failure to maintain workers' compensation insurance (or an exemption). (If appropriate action is not taken within 6 months of the date the license is placed on inactive status, the license lapses.)
<input type="checkbox"/>	<input type="checkbox"/>	Was the license revoked or suspended? If yes, attach an explanation of the steps you have taken to avoid a similar occurrence in the future and proof of compliance with any final order against you regarding this license.
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been issued a license by a jurisdiction outside Lee County that was revoked, suspended or voluntarily relinquished? Yes <input type="checkbox"/> No <input type="checkbox"/> If, yes, attach an explanation of the circumstances involved.

## VIII Insurance

Verification of General Liability Insurance and Worker's Compensation Insurance (or Exemption from Workers' Compensation Law).

DO NOT SEND A CERTIFICATE OF INSURANCE OR EXEMPTION AT THIS TIME

I have or will obtain public liability and property damage insurance in the amounts required by the Lee County Construction Licensing Ordinance for the business organization I am applying to qualify. I further certify that I have or will obtain Workers' Compensation insurance in accordance with the Construction Licensing Ordinance and F.S. Ch. 440. I will maintain such insurance for the safety and welfare of the public at all times that my certificate is active. I understand that I may be required to submit proof of insurance or an accepted exemption (for workers' compensation) at any time. I affirm that these statements are true and correct and I recognize that providing false information may result in a fine, suspension or revocation of my contractor's license.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## IX Organizational Relationships

Do you qualify or own a business other than the one you are applying to qualify? Yes \_\_\_ No \_\_\_  
If yes, please contact the Division for guidelines to qualify more than one business.

## X Federal Employer Identification Number

Note: If the company has no employees, write your social security number. All corporations must have a number.

FEIN: \_\_\_\_\_

## XI Corporations or Limited Liability Corporations

Attach a copy of the Annual Report Form filed with the Florida Secretary of State or, if your corporation or LLC is newly established, attach a copy of the Florida Certificate of Incorporation and the page listing the corporate officers. *If you are not a corporate officer in the corporation you wish to qualify, an authorization resolution must be completed; the form is attached to this application for your convenience.*

## XII Fictitious Name

Attach a copy of the recorded Fictitious Name Registration and Ownership form from the Division of Corporations. (This does not apply to corporations using their registered name.) Fictitious Name Registration packets may be obtained by contacting Fictitious Name Registration, P.O. Box 1300, Tallahassee, FL 32303-1300 (850) 488-9000. *If you are not a partner or owner in the company name you wish to qualify, an authorization resolution must be completed; the form is attached to this application for your convenience.*

### XIII Photographic Identification:

Attach to this application a copy of your driver's license or other official state identification that contains a photograph. A photo I.D. may be required at the hearing or prior to issuance of the competency card.

### XIV Credit Report

A credit report on your credit rating must be submitted as part of this application. Please supply the following credit reports: (Only original reports, not more than six (6) months, from a nationally recognized credit reporting agency will be accepted. No faxes or copies)

1. Credit report in your individual name (required by all applicants), must include a Beacon or FICA rating.
2. Credit report in the company name you are applying to qualify (required if the date on the corporation or fictitious name documents is more than forty-five (45) days old. If your company is newly established, you must also submit letters from construction related suppliers indicating that an account either exists or has been opened for the entity you are applying to qualify.
3. Credit report in any business you currently own or qualify or any business you owned or qualified within the past five (5) years.

Credit agencies generally require written authorization to accurately check your credit references. It is your responsibility to provide them with this authorization. **Public records pertaining to judgments, bankruptcies and tax liens must be searched and results noted on the credit report.** If the public records reflect unsatisfied obligations, attach a written explanation and legal documentation to the credit report or provide a copy to the Division. The credit report should also reflect officers, partners and proprietors, their Social Security numbers and the FEIN. If the credit report is not attached to the application you may have the credit agency send the credit report directly to: **Lee County Development Services, Attention: Contractor Licensing, P.O. Box 398, Fort Myers, Florida 33902** and complete the following statement:

A credit report for \_\_\_\_\_

Individual and/or name of business organization being qualified was requested on \_\_\_\_\_

To be sent from \_\_\_\_\_

The Construction Licensing Board will not accept a credit profile or a financial statement. A credit report from the Internet may not be acceptable.

**XV Certification:**

I hereby certify that all of the information in this application is true and correct to the best of my knowledge. As a basis for the grant of licensure, I agree to comply with all codes, laws, and regulations applicable to the trade and I will not undertake any work that is outside the scope of the license. I have been granted. I understand that any misrepresentation with respect to the information provided in this application, or future submissions applicable to retaining any licensing granted to me, may be grounds for the denial or revocation of my Lee County Certificate of Competency.

\_\_\_\_\_  
Applicant's Signature

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

\_\_\_\_\_  
Applicant's's Signature

\_\_\_\_\_  
Date

If the Construction Licensing Board approves your application a letter will be forwarded to you requiring you to furnish the additional information that will be needed.

**Application Review**

Your application should be complete at the time it is submitted to the Contractor Licensing Office. Failure to submit a complete application may delay review or result in a denial of your application. You will be scheduled for the next available hearing after receipt of your completed application and all required documents. However, all material must be received ten (10) working days prior to the hearing date. The Construction Licensing Board will review your application at a regularly scheduled meeting. Meetings are the third Tuesday of each month at 6:00 PM at 1500 Monroe Street, Fort Myers, FL 33901 on the first floor. You will receive a letter confirming the date and time your application will be presented to the Construction Licensing Board. County regulations require that you be present at this meeting to address any questions the Board may have concerning your application. Failure to attend this meeting may result in a denial of your application. In order to be prepared for this meeting, you should retain a complete copy of this application.

**State Registration**

Master Electricians, Alarm System Contractor I, Alarm System Contractor II, Aluminum Specialty Structure and Drywall contractors are required to register with the Department of Business and Professional Regulation prior to receiving a Lee County Competency Card.

**RESOLUTION OF AUTHORIZATION**

See Section XI for applicability

WHEREAS \_\_\_\_\_ proposes to engage in  
(Name of Business Entity)  
contracting as \_\_\_\_\_ in Lee County, Florida, according to Lee  
(Type of legal, corp., partnership etc.)  
County Ordinance 00-26; and

WHEREAS \_\_\_\_\_ proposes to qualify for a  
(Name of Business Entity)  
Certificate of Competency with \_\_\_\_\_.  
(Name of Individual)

NOW, THEREFOR, BE IT HEREBY RESOLVED THAT:

We the undersigned \_\_\_\_\_ of \_\_\_\_\_  
(Officers, owners, partners) (Name of Business Entity)  
hereby resolve and represent to the Lee County Construction Licensing Board that as the qualifying  
agent, \_\_\_\_\_, is active in all matters connected with the contracting business of  
(Name of Individual)  
\_\_\_\_\_. AND  
(Name of Business Entity)

We further resolve and represent that \_\_\_\_\_ is legally empowered to  
(Name of Individual)  
act for \_\_\_\_\_ in all matters connected with its contracting  
(Name of Business Entity)  
business, and has the authority to supervise construction undertaken by \_\_\_\_\_.  
(Name of Business Entity)

DULY PASSED AND ADOPTED THIS \_\_\_\_ day of \_\_\_\_\_, 20\_\_

**Witness**

**Officers, Partners, Owners with Designation beneath**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corporate

Seal (if Applicable)

Sworn to and Subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

Notary Public Name Printed \_\_\_\_\_  
Commission Number \_\_\_\_\_  
My commission expires: \_\_\_\_\_

# VERIFICATION OF CONSTRUCTION EXPERIENCE

Lee County Contractor Licensing  
P.O. Box 398, Fort Myers, Florida 33902  
(239) 533-8895 [Contractorlicensing@leegov.com](mailto:Contractorlicensing@leegov.com)

Applicant's Name: \_\_\_\_\_

Certificate/Trade Category Requested: \_\_\_\_\_

The Applicant is seeking a Lee 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 for you 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 following information must be provided by the person verifying trade experience for the above-named applicant:**

Name: \_\_\_\_\_  
(Name of the person signing below and verifying the Applicant's relevant experience)

Title: \_\_\_\_\_ License Number: \_\_\_\_\_  
(e.g., Owner, Supervisor, Etc.)

Name of Company or Business: \_\_\_\_\_

Company or Business Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

E-Mail Address: \_\_\_\_\_

Business or Office Phone: (\_\_\_\_) \_\_\_\_\_

Applicant's Title (s) \_\_\_\_\_

The Applicant was employed by me from \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

The Applicant's scope of work (**identify specific duties**) while employed by me included: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List five (5) construction task/projects completed by applicant while employed by you/your company, including but not limited to task/project title, location and dated completed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate the type of contracting under taken by you/your organization and the total number of years of experience you have within that type of contracting: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the amount of time the applicant has worked for you/your organization as a skilled worker: \_\_\_\_\_

\_\_\_\_\_

List the amount of time the applicant has worked for you/your organization as a supervisor/administrator: \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE TO LICENSED CONTRACTORS: Falsifying an information provided herein may subject your license to revocation.**

\_\_\_\_\_  
(Signature of Person providing the statement)

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

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_