

CHECKLIST: DORMANT TO ACTIVE APPLICATION

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.
- ONE (1) NOTARIZED AFFIDAVIT 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**
- 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).

APPLICATION FOR COLLIER COUNTY CERTIFICATE OF COMPETENCY

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

Name: _____

Name: _____

Telephone: _____

Telephone: _____

II. NAME OF APPLICANT’S BUSINESS:

Business Name: _____

Business Address: _____
Street City State Zip

Telephone: (_____) _____

Email: _____

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 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.

APPLICATION FOR COLLIER COUNTY CERTIFICATE OF COMPETENCY

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 was acknowledged before me by means of physical presence or online notarization on this _____ day of _____, 20____, by _____

Such person(s) Notary Public must check applicable box:

- are personally known to me
- has produced a current driver license
- has produced _____ as identification.

(Notary Seal)

Notary Signature: _____

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 was acknowledged before me by means of physical presence or online notarization on this _____ day of _____, 20____, by _____

Such person(s) Notary Public must check applicable box:

- are personally known to me
- has produced a current driver license
- has produced _____ as identification.

(Notary Seal)

Notary Signature: _____

APPLICATION FOR COLLIER COUNTY CERTIFICATE OF COMPETENCY

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: _____

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization on this _____ day of _____, 20____, by _____

Such person(s) Notary Public must check applicable box:

- are personally known to me
- has produced a current driver license
- has produced _____ as identification.

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Notary Signature: _____