



INSTRUCTIONS FOR REINSTATEMENT APPLICATION FOR COLLIER COUNTY CERTIFICATE OF COMPETENCY

This application can be used for a business or an individual. This application must be typewritten, or legibly printed, and illegible applications will be rejected. Please submit application through the [GMD Public Portal](#), email to ContractorsLicensing@colliercountyfl.gov, or in person.

Before the application is submitted to the Contractor Licensing Supervisor, staff will review your application to ensure all required documentation is present. No application shall be considered unless the applicant supplies all information as required by this division.

APPLICANT CHECKLIST

APPLICANT AND BUSINESS CREDIT REPORTS 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. Business Credit report not required for a non-business license (individual).

PROOF OF SATISFACTION OF LIENS, JUDGEMENTS, AND DISCHARGE OF BANKRUPTCY documentation is required for any YES responses in the table contained in Section III.

FLORIDA BUSINESS DOCUMENTS Provide the Articles of Organization issued by the Florida Department of State, Division of Corporations, if applicable. This is not required for a non-business license (individual).

FEDERAL EMPLOYER IDENTIFICATION NUMBER If your Federal Employer Identification Number (FEIN) has changed, please provide the new number, if applicable. This is not required for a non-business license (individual).

FICTITIOUS NAME(S) RECORDING, IF APPLICABLE If you are conducting business under a fictitious name, provide a copy of the fictitious name recorded with the Florida Department of State, Division of Corporations. Fictitious name registration forms are available at sunbiz.org. For further information, contact the Florida Department of State at (850) 245-6000.

STATEMENT OF OWNERSHIP Complete this form to show how much ownership you, the license holder, has within the business you are attaching the license to, if applicable. This is not required for a non-business license (individual).

RESOLUTION OF AUTHORIZATION If the applicant is the only owner, this form is not required. This is not required for a non-business license (individual).

TWO (2) NOTARIZED AFFIDAVITS ATTESTING TO INTEGRITY AND CHARACTER Attach two 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

COPY OF DRIVER'S LICENSE

COMPLETE AND NOTARIZED APPLICATION



Once approved by the Contractor Licensing Supervisor, you will be notified by email to provide the below documents:

CERTIFICATE OF WORKMEN'S COMPENSATION INSURANCE Certificate of Workmen's Compensation insurance showing Collier County Contractor Licensing Board as the certificate holder (please use mailing address: 2800 Horseshoe Dr N, Naples, FL 34104). 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 (please use mailing address: 2800 Horseshoe Dr N, Naples, FL 34104). 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 a Collier County business tax receipt. For more information, contact the Tax Collector's Office: (239) 252-2477.

STATE REGISTRATION The following trades must register with the State Department of Business and Professional Regulation (DBPR) before the competency card is considered active for business:

- | | |
|------------------------|--|
| Building Contractor | Air Conditioning, A and B |
| Electrical Contractor | Alarm System I and II |
| General Contractor | Burglar Alarm, Residential, Commercial < 5,000 sq ft. |
| Mechanical Contractor | Sheet Metal |
| Plumbing Contractor | Swimming Pool, Commercial, Residential, Service and Repair |
| Residential Contractor | Underground Utility and Excavation |
| Roofing Contractor | |

Once these documents are accepted, a payment slip will be emailed and payment must be made through the GMD Public Portal (<https://cvportal.colliercountyfl.gov/cityviewweb>) or in person at 2800 North Horseshoe Dr, Naples, FL 34104. This fee is non-refundable.

Credit Reporting Agencies – For Reference Only

This listing is **not all inclusive**. You may submit credit reports from agencies not included on this list, as long as they meet the criteria listed in 61G4-12.011 (10), Florida Administrative Code. We cannot recommend or endorse a particular credit reporting agency. The list is provided solely as a courtesy to assist you in locating resources. We specifically disclaim any responsibility for the quality or cost of services provided by the agencies listed below.

1st United CRS
www.unitedcrs.com
(239) 206-1049
(850) 539-8000

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

Credit Plus, Inc.
www.creditplus.com
(800) 258-3488

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

API Processing - Licensing, Inc.
www.apiprocessing.com
(954) 567-0013
(800) 947-6939

USA Credit Bureau
(888) 474-2270

**REINSTATEMENT APPLICATION FOR COLLIER COUNTY
CERTIFICATE OF COMPETENCY**

This application can be used for a business or an individual. This application must be typewritten or legibly printed to be accepted. The application fee must be paid upon approval and is non-refundable. All checks are payable to: Collier County Board of County Commissioners. For additional information, consult Collier County Ordinance No. 2006-46, as amended.

TYPE OF CERTIFICATE OF COMPETENCY

Major Trade: \$230.00 plus back fees

Air Conditioning, Class A	General Mechanical	Sheet Metal
Air Conditioning, Class B	Plumbing Residential	Swimming Pool/Spa, Commercial
Air Conditioning, Class C	Roofing	Swimming Pool/Spa, Residential
Building		Swimming Pool/Spa, Service & Repair
Electrical		

Specialty Trade: \$205.00 plus back fees

I. APPLICANT PERSONAL INFORMATION:

Name:

First Middle Last

Address:

Street City State Zip

Email:

Telephone: Social Security Number (Last 4 digits only):

Cell Phone: Driver's License Number (Last 4 digits only):

Date of Birth:

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

Name:

Name:

Telephone:

Telephone:

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.



II. APPLICANT BUSINESS INFORMATION:

Business Name:
 (If no business name will be used, write "Individual")

Fictitious Name/DBA, if applicable

Business Address (Physical):

	Street	City	State	Zip
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Business Address (Mailing):

	Street	City	State	Zip
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Telephone: _____ Federal Tax ID/EIN: _____

III. FINANCIAL RESPONSIBILITY:

YES	NO	ALL APPLICANTS MUST ANSWER THE QUESTIONS BELOW:
		Have you filed for or been discharged in bankruptcy within the past 5 years?
		Have you had a lien filed against you by the Internal Revenue Service or Florida Corporate Tax Division?
		Have you undertaken construction contracts or work that resulted in liens, suits, or judgments being filed?
		Have you undertaken construction contracts or work that a third party, such as a bonding or surety company, completed or made financial statements on?
		Have you made an assignment of assets or construction obligations for less than the debts outstanding?
		Have you 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?*
		Have you had claims or lawsuits filed for unpaid or past due accounts by your creditors as a result of construction experience?
		Have you 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?

If you have answered YES to any of the above questions, 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.



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 number, type, and county you hold it in.



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 always maintain effective Workmen's Compensation Insurance and/or Workmen's Compensation Exemption, it will result in the possible revocation of my Certificate of Competency.

Applicant Name (please print)

Business Name, include DBA, if applicable. If no business name will be used, write "Individual"

Signature of Applicant

State of _____ County of _____

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

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

_____ are personally known to me _____ has produced a current driver's license
_____ has produced as identification

(Notary Seal)

Notary Signature



STATEMENT OF OWNERSHIP

Not required for non-business licenses (individual).

This certifies that I, _____ am a member or managing
Applicant Name (please print)
member of _____
Business Name, include DBA, if applicable.
I own _____ % of the Business 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 Name (please print)

Signature of Applicant

State of _____ County of _____
The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online notarization this
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_____ has produced as identification

(Notary Seal)

Notary Signature



RESOLUTION OF AUTHORIZATION

Not required for non-business licenses (individual).

In accordance with Collier County Ordinance 2006-46, as amended,

Business Name, include DBA, if applicable.

intends to engage in contracting as

Type of license

in Collier County where

Applicant Name

is applying to qualify for a Certificate of Competency.

It is hereby agreed upon that I/we the undersigned Officer(s) Owner(s) Partner(s) of said business resolve and represent to the Collier County Contractor’s Licensing Board that the applicant is active in all matters connected with the business. We further resolve and represent that the applicant is legally empowered to act on behalf of the business in all matters connected with its contracting business and has the authority to supervise construction activities undertaken by the business.

Officer / Owner / Partner Signature

Witness

Officer / Owner / Partner Signature

Witness

Officer / Owner / Partner Signature

Witness

State of County of

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(Notary Seal)

Notary Signature



AFFIDAVIT OF INTEGRITY AND GOOD CHARACTER

I _____, having been first duly sworn, state and affirm:

I am a resident of _____ (County) _____ (State)

and I have known

for _____ years. I have had the opportunity to observe his/her business and personal dealings and find him/her to be a person of honesty, integrity, and good character.

Signature

Printed Name

Address

City, State, Zip

Telephone

State of _____ County of _____

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

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Signature

Printed Name

Address

City, State, Zip

Telephone

State of _____ County of _____

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_____ has produced as identification

(Notary Seal)

Notary Signature



CERTIFICATION OF APPLICATION

The undersigned hereby makes application for Certificate of Competency under the provisions of Collier County Ordinance No. 2006-46, as amended, and under penalties of perjury. I declare that I have read the foregoing application 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/she has full authority to supervise construction undertaken by himself/herself or such business or organization and that he/she 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 all activities involving his/her license.

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

Applicant Name (please print)

Business Name, include DBA, if applicable. If no business name will be used, write "Individual"

Signature of Applicant

State of

County of

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