

Application for Certificate of Competency

**City of Port St. Lucie
Contractor Licensing Division
121 SW Port St. Lucie Boulevard
Port St. Lucie, FL 34984
Phone: (772) 871-5132**

The Contractor's Examining and Licensing Board meetings are held on the 2nd Thursday of every month. Complete applications **MUST** be submitted **ON** or **BEFORE** the application submittal deadline. The board is unable to review incomplete applications. Any items submitted dated over six (6) months are considered expired and will be excluded.

You will be informed of the meeting date and it is strongly advised you attend should the Board have any questions concerning your application. Absence may cause the application to be tabled until the next available meeting.

Falsification of any information herein, including all supplementary pages and attachments, is grounds for disqualification.
NOTARIZED DOCUMENTS MUST BE ORIGINAL AND CANNOT BE ALTERED IN ANY WAY.

Application Requirements - Please Submit in this Order

- 1. **Completed Application Pages 1-5.** All pages MUST be completed for review.
 - A. **A 2 x 2 passport style photo** of applicant. Photocopies and computer printouts not accepted.
- 2. **Copy of City or County competency card** when applying for the board process of reciprocity.
- 3. **Letter of Reciprocity for examination(s).** Only approved exams administered by Prometric or its predecessors are accepted. A failing grade is **NOT** necessarily grounds for a hardship license.
- 4. **Two (2) letters of recommendation vouching for applicant's reputation as to honesty, integrity, and good character.** Recommendations from relatives (blood or marriage) not accepted. Letters must be on letterhead or notarized. If notarized, the original letter must be submitted without alterations.
- 5. **Complete Articles of Incorporation.** Out of state corporations must register with the State of Florida.
- 6. **Proof of Fictitious Name registration.** Must be submitted unless incorporated or using own full name.
- 7. **Credit Reports:** All reports must be submitted directly from credit reporting agency to Contractor Licensing in a sealed envelope and must include a public records search. A letter of explanation will be required for all negative items appearing on the report even if resolved. Please include supporting documentation.
 - A. ___ Applicant's credit report
 - B. ___ Corporate/Company credit report: (If company is less than one year old, please provide a credit report for each officer in lieu of corporate/company credit report.)
 - C. ___ Partner's credit report
- 8. **Statement of Net Worth.** (Simple statement of assets and liabilities).
- 9. **Application Review Fee of \$125.** Make check payable to: City of Port St. Lucie.

ITEMS NEEDED AFTER APPROVAL

- 10. **Certificate of General Liability and Workers' Compensation or Exemption form.**
Certificate must specify the City of Port St. Lucie as the Certificate Holder. Address must be included.
- 11. **Competency Card Fee of \$65.** Make check payable to: *City of Port St. Lucie.*

The following trades are required to register with the State of Florida DBPR after being approved:

General, Building, Residential, Air Conditioning (A & B), Mechanical, Plumbing, Electrical, Roofing, Sheet Metal, Residential Pool/Spa, Commercial Pool/Spa, Pool Spa Servicing, Underground Utilities Contractors. Optional - Drywall Stud Contractor.



A City for All Ages

City Use Only
COMP CARD # _____

PLEASE COMPLETE IN BLACK INK OR TYPE

<input type="checkbox"/>	General Contractor	<input type="checkbox"/>	Building Contractor	<input type="checkbox"/>	Residential Contractor
<input type="checkbox"/>	Plumbing Contractor	<input type="checkbox"/>	Electrical Contractor	<input type="checkbox"/>	Air Conditioning Class _____
<input type="checkbox"/>	Residential Pool/Spa	<input type="checkbox"/>	Commercial Pool/Spa	<input type="checkbox"/>	Pool/Spa Servicing
<input type="checkbox"/>	Specialty Trade: _____ (please fill in)				

The applicant agrees to authorize the City of Port St. Lucie Contractor's Examining Board to obtain information from any source dealing with the applicant, and to authorize and release any additional information concerning the applicant's financial condition and experience, as necessary.

Under the provisions of the City of Port St. Lucie Code of Ordinances, Section 150.505, defining contractors, I hereby apply for a Certificate of Competency.

I am qualifying for Sole Proprietorship Partnership Corporation

Applicant's Full Name: _____

Name of Firm/Company: _____

Applicant's Title: _____

Business Address:

Home Address:

Street: _____

Street: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____

Phone: _____

Number of Employee's: _____

Place of Birth: _____

Sex: _____ DOB: ____/____/____

Email Address: _____

Are you a U.S. Citizen? Yes No

IF ANSWER IS "NO" – COPY OF GREEN CARD OR VISA IS REQUIRED

Green Card # _____

Visa #: _____

Height _____ Weight _____

Hair Color: _____ Eye Color: _____

Florida DL# _____

Federal Tax ID # _____

PLEASE NO ENTRIES BELOW THIS LINE

Payment:

Received Date: _____ Chairperson of the Board Date _____

Receipt #: _____ Building Official Designee Date _____

Check # / Cash: _____ Contractor Licensing Coordinator Date _____

Amount: _____

Rec'd by Staff(init): _____

Place **PASSPORT PHOTO** Here

Type of Organization

Please complete if the business organization is a **Sole Proprietorship**:

Owners Name

Street Address

City/State/Zip

Please complete if the business organization is a **Partnership**:

Partner's Name

Partner's Name

Street Address

Street Address

City/State/Zip:

City/State/Zip

Please complete the section below if the business organization is a **Corporation or Limited Liability Company**:

I hereby certify that:(applicant's name) _____

Is a qualifying agent for (company name) _____

The qualifying agent designated above has the authority to act for the firm or corporation in all matters connected without contracting business. This person is authorized to take the qualifying examination for the firm and will supervise the construction and installation under the Certificate of Competency issued.

Pres/Managing MBR **Signature**

Print Name

V Pres/Managing MBR **Signature**

Print Name

Treasurer Signature

Print Name

Secretary Signature

Print Name

Corporate Seal

APPLICANT'S RESUME
Covering Present to Last Five Years

This resume is needed by the City of Port St. Lucie Examining Board to verify the applicant's experience. Please list places of Employment or names of businesses owned, beginning with the most recent. References must be verifiable and must include name, address, telephone number and specific responsibilities.

	Date Month & Year	Employer or Place of Business and Phone Number	Employer Address	Responsibilities – not title (please enter specific activities)
1.	From:			
	To:			
2.	From:			
	To:			
3.	From:			
	To:			
4.	From:			
	To:			
5.	From:			
	To:			

Will you, as a qualifying agent, have any ownership in the firm? YES _____ NO _____

Will you be a full-time employee of the firm? YES _____ NO _____

If not, please give details: _____

List jurisdictions where you presently hold contractor's licenses: (please attach a copy of current contractor licenses listed)

Please give **THREE** credit references, preferably **at least one bank**. Others credit references may be personal. All must include **complete addresses and phone numbers**. They may be out of state, but must be verifiable.

	Name	Address	Phone
1.			
2.			
3.			

This is intended to verify in-field experience and is not a character reference. **Experience must be verified by someone other than the applicant:** by a previous employer holding a contractor's license; or another licensed general, building or residential contractor; licensed architect or engineer; or licensed contractor in same or related field directly experienced with applicant's work, and NOT by a relative.

THIS FORM IS NOT TO BE VERIFIED BY APPLICANT

STAFF USE ONLY	Years of experience required with Trade exam	
	Years of experience required with Administration only	

Applicant's Name: _____

Please complete a separate affidavit of experience for each company with whom you wish to show experience.

Company experienced with: _____

Address of Company: Street: _____ City: _____ State: _____ Zip: _____

Dates with above Company Only: From: _____ To: _____
 Month: _____ Year: _____ Month: _____ Year: _____

Field Experience While with this Company, his/her total amount of time in the field was: Yrs. _____ Mos. _____	Please list length of time of experience in each area below:
TYPE OF WORK PERFORMED (Please enter SPECIFIC ACTIVITIES): _____ _____ _____	
	Residential:
	Commercial:
	Industrial:
	Times may overlap

Non-Field or In-Office Experience	
<u>Activity</u>	<u># of Years</u>
Estimating	_____
Ordering Material	_____
Procuring Payments	_____
Accounting	_____
Hiring/Firing	_____
Securing Payroll	_____

VERIFIER INFORMATION	
I am qualified to verify that the above information is true and correct, and that I am a licensed contractor, architect or engineer. PLEASE ATTACH A COPY OF YOUR (VERIFIERS'S) CONTRACTOR'S LICENSE TO THIS DOCUMENT.	
Signature: _____ (must be notarized)	
Print Name: _____	
Company Name: _____	
Co. Address: _____	

Title: _____	Phone: _____
Contractor License Number: _____	
Jurisdiction: _____	Date: _____

***Note to verifier: This is not a character reference, or verification of work quality. Please verify length of time at location specified by applicant. The City of Port St. Lucie may contact you to validate your signature on this form and information verified. This blank form may be duplicated. ***

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as identification and who has not taken an oath.

Notary Public – (please sign/stamp clearly)

Please complete the questions below. **If you answer yes, please add a letter of explanation.**

Has the applicant:

		YES	NO
1.	Been an officer or a partner of a firm previously adjudicated as bankrupt, or is in the process of bankruptcy proceedings? Have you filed bankruptcy as an individual?		
2.	Failed to complete a contract?		
3.	Been an officer or partner of a firm which failed to pay all subcontractors, material suppliers or employees of the contract?		
4.	Had any unpaid, past-due bills over 90 days, or claims for labor, material or services?		
5.	Had liens, suits or Judgments of Record in process or pending as a result of construction operations?		
6.	Had a contractor's license revoked or suspended?		
7.	Been convicted of misdemeanor involving moral turpitude, or a felony within last 5 years, or presently being charged with same?		

I Certify that: (please initial)

_____ I will act for the partnership, firm or corporation for which I am qualifying in all matters concerning the contracting business.

_____ I will actively supervise all construction work.

_____ I will be responsible for ascertaining that all such work is completed according to approved plans, applicable codes and good construction standards.

_____ I will immediately notify the Port St. Lucie Construction Industry Board if I sever connection with the partnership, firm or corporation or If I am no longer actively supervising the construction work.

_____ The name of the qualifying business is _____.

_____ The construction activity of the above named business will be limited to the scope allowed under the _____ (trade category) contractor's license.

_____ The aforementioned business is not permitted to engage in any other construction activity without proper licensure.

Furthermore, the undersigned hereby certifies that he will act only for himself or that he is legally qualified to act on behalf of the business organization and sought to be certified in all matters connected with its contracting business. He also acknowledges that he has full authority to supervise construction commenced by himself or the business organization.

Chapter 489, Part I, of the Florida State Statutes requires that no license holder shall permit an unlicensed person the use of his or her Certificate of Competency, State License or Registration.

Additionally, the Port St. Lucie Contractors' Examination and Licensing Board requires that as part of Florida Statute 489, all licensed contractors uphold all State, County and local laws. No person shall give false or forged evidence to the Board to obtain a license.

Any willful falsification of any information herein, including all supplementary pages and attachments, is grounds for disqualification.

Applicant's Signature

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification and who has not taken an oath.

Print Name

Notary Public (Please sign/stamp clearly)