



Pasco County Building Construction Services
Contractor Licensing
7508 Little Road
New Port Richey, FL 34654
(727) 847-8009
contractorlicensing@pascocountyfl.net

APPLICATION FOR CERTIFICATE OF COMPETENCY

All applicants for a Certificate of Competency shall provide a completed, notarized application, and furnish the following:

- A. **Proof of four (4) years experience** in the trade for which application is being made, and for which an applicant seeks to perform contracting. The experience must be equivalent in quantity to four (4) years active, full-time undertaking in the trade or category, and must be capable of independent verification by the Building Official. (Four (4) years active, full-time employment is defined by forty (40) hours a week, fifty-two (52) weeks a year, for four (4) years.)

Proof of Experiences can be demonstrated by either:

1. Original **Notarized** letters from present or past employers, on their letterhead, stating your qualifications and experience in the trade for which you are applying, how long and in what capacity you worked for them, the hours you performed the trade, and contact information for the employer.
 2. Your licenses held in other jurisdictions for the required number of years in the same trade.
 3. If self-employed, verifiable affidavits from previous clients and/or IRS schedule "C" if it shows the individual and the required number of years experience in the trade for which application is being made.
- B. **Criminal Background history report.** A report that provides full, accurate, current, and complete information on the criminal history, if any, of the applicant. All criminal background history reports must be sent **directly from the reporting agency** to the licensing office and the applicant shall pay all fees for such a report. **This is only needed if we request it.**
- C. A complete **Financial Statement**, dated within thirty (30) days prior to the application, showing assets and liabilities of the individual – **not a business**. Pasco County requires an applicant to demonstrate a minimum net worth of \$20,000.00, except for the following contractors who must demonstrate a minimum net worth of \$10,000.00: Aluminum Contractor (Structural), Aluminum Specialty Contractor, Concrete Contractor, Masonry Contractor, Sign Contractor (Electrical), Sign Contractor (Non-Electrical), Structural Steel Contractor, Irrigation Sprinkler Contractor, Solar Energy Installation Contractor, Drywall Contractor, Tile, Marble, and Terrazzo Contractor, Insulation Contractor, Carpentry Contractor, Finish Carpentry Contractor, Plastering and Stucco Contractor, Glass and Glazing Contractor, Hurricane Protection Contractor, Garage Door Contractor, Marine Contractor, Painting Contractor, and Demolition Contractor.

- D. **Credit report from a nationally recognized credit agency.** A report that provides full, accurate, current, and complete information on the following items in a manner which allows the Board to determine the credit worthiness of the applicant: (a) payment history; (b) credit rating; (c) public filings in County, State, and Federal courts; (d) bankruptcies, business history, suits, liens, and judgments, all on a nationwide basis; (e) location of business, number of years in business; (f) Social Security numbers, if available, of all corporate officers, owners and partners, and all federal employer identification numbers, if available, held by the applicant or any business entity that he currently qualifies or is applying to qualify, and (g) Unified Commerce Code filings. Credit report must be from a local credit bureau, dated within thirty (30) days of the application. All reports shall be sent **directly from the credit bureau** to the Licensing Office and the applicant shall pay all costs for such report. All reports shall be on the **individual, not a business.**
- E. A **Color Photograph** attached to the application. A recent likeness (passport type photo).
- F. Copy of current **Driver's License.**
- G. **Reciprocity** requires a letter from your sponsoring jurisdiction sent directly to Contractor Licensing.
1. Reciprocity requires a passing test score from a recognized testing agency in sponsoring jurisdiction; grandfathering without testing is not acceptable.
- H. **DO NOT USE THIS APPLICATION TO REGISTER YOUR STATE CERTIFIED LICENSE**

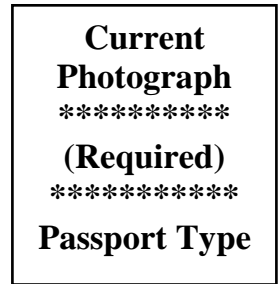
THIS APPLICATION WILL NOT BE ACCEPTED IF THE ABOVE REQUIREMENTS HAVE NOT BEEN MET. PLEASE RETURN APPLICATION TO THE ABOVE ADDRESS ONLY. PLEASE DO NOT EMAIL THIS APPLICATION!

Regarding testing all trades: Group I Contractors & Group II Contractors – Categories 1 through 34 must:

1. The Application for Certificate of Competency must be approved by the Building Official (or his designee) prior to any testing authorizations.
2. Examinations are administered by an authorized independent testing agency.
3. All fees for testing are paid directly to the testing agency by the applicant. You will be given all information on testing and re-testing.
4. Test Requirements: A passing grade of 70 percent minimum or re-testing shall be required.

**APPLICATION FOR CERTIFICATE OF COMPETENCY
BUILDING CONSTRUCTION SERVICES**

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Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Telephone: _____ **Year of Birth:** _____
Last four digits of SS#: _____
Name of Company You Intend to Qualify: _____
Email Address: _____

***** IMPORTANT ***
Please Read This Information**

Applicants are required to submit proof of **four (4)** years experience in the trade for which they are applying. Notarized letters from previous employers, on company letterhead, shall state the **specific** trade-related experience and the length of time employed in the trade, for all employers for the required four (4) years. Notarized, self-references are not acceptable. Full-time employment is defined by forty (40) hours a week, fifty two (52) weeks a year, for four (4) years. Please include a copy of your driver's license.

FEES:

The Certificate of Competency Application Fee, the Reciprocity Fee, and the Waiver of Testing Fee, are payable upon submittal of the application and is not refundable. **Checks are made payable to: Pasco County Board of County Commissioners.**

Check the Applicable Boxes:

- 1. Original Certificate of Competency.** Application Fee **\$50.00**
(Test is required.) No licenses held in any jurisdiction.

- 2. Reciprocity** Application Fee \$50.00 and Reciprocity Fee \$50.00 **\$100.00**
(An original letter must be sent, from your sponsoring jurisdiction, directly to Contractor Licensing showing your authorized testing agency test scores for Trade and Business/Law with a 70% or better passing tests score.)

- 3. Credit Bureau Report.** (Fee paid directly to the bureau by the applicant.)

- 4. Criminal Background History Report.** (Fee paid directly to the reporting agency by the applicant.)***Not needed unless we direct you to obtain one.***

Check the license you are applying for:

GROUP I

GROUP II

<input type="checkbox"/> 1. General Contractor	<input type="checkbox"/> 14. Aluminum Contractor, Structural
<input type="checkbox"/> 2. Building Contractor	<input type="checkbox"/> 15. Aluminum Specialty Contractor
<input type="checkbox"/> 3. Residential Contractor	<input type="checkbox"/> 16. Concrete Contractor
<input type="checkbox"/> 4. Electrical Contractor	<input type="checkbox"/> 17. Masonry Contractor
<input type="checkbox"/> 5. Roofing Contractor	<input type="checkbox"/> 18. Sign Contractor, Electrical
<input type="checkbox"/> 6. Class A Air-Conditioning Contractor	<input type="checkbox"/> 19. Sign Contractor, Non-Electrical
<input type="checkbox"/> 7. Class B Air-Conditioning Contractor	<input type="checkbox"/> 20. Structural Steel Contractor
<input type="checkbox"/> 8. Mechanical Contractor	<input type="checkbox"/> 21. Irrigation Sprinkler Contractor
<input type="checkbox"/> 9. Commercial Pool/Spa Contractor	<input type="checkbox"/> 22. Solar Energy Installation Contractor
<input type="checkbox"/> 10. Residential Pool/Spa Contractor	<input type="checkbox"/> 23. Drywall Contractor
<input type="checkbox"/> 11. Swimming Pool/Spa Servicing Contractor	<input type="checkbox"/> 24. Tile, Marble, and Terrazzo Contractor
<input type="checkbox"/> 12. Plumbing Contractor	<input type="checkbox"/> 25. Insulation Contractor
<input type="checkbox"/> 13. Sheet Metal Contractor	<input type="checkbox"/> 26. Carpentry Contractor
	<input type="checkbox"/> 27. Finish Carpentry Contractor
	<input type="checkbox"/> 28. Plastering and Stucco Contractor
	<input type="checkbox"/> 29. Glass and Glazing Contractor
	<input type="checkbox"/> 30. Hurricane Protection Contractor
	<input type="checkbox"/> 31. Garage Door Contractor
	<input type="checkbox"/> 32. Marine Contractor
	<input type="checkbox"/> 33. Painting Contractor
	<input type="checkbox"/> 34. Demolition Contractor

**Requirements for Certification for New Applications,
Applications for Reciprocity, and Applications for Reinstatement**

Section 18-66 Applicability: This article applies to any contractor performing work or contracting to perform work within unincorporated Pasco County.



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FINANCIAL STATEMENT

 Individual's Name

ASSETS		LIABILITIES	
Current Assets	AMOUNT	Current Liabilities	AMOUNT
Cash in Bank:	\$	Credit Cards Payable:	\$
Other Current Assets-Itemize:		Bank Loans Payable:	
		Mortgage Payable:	
		Real Estate Taxes:	
		Past Due Income Taxes:	
		Other Current Liabilities:	
TOTAL CURRENT ASSETS	\$	TOTAL CURRENT LIABILITIES	\$
Land:		Other Liabilities-Due After 1 Year:	
Home:		TOTAL LIABILITIES:	\$
Vehicles (Auto/Truck/TV, etc.)		<i>(Subtract Liabilities from Assets to get Net Worth)</i>	
Other Assets - Itemize:		NET WORTH:	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

PLEASE NOTE: "Total Assets" must equal "Total Liabilities and Net Worth"

The undersigned certifies that the information submitted herein is true and correct.

BY: _____ Date: _____
Signature

Please explain any “YES” answers below.

❖ **Answer the following questions concerning financial stability.**

1. Has any bonding or surety company ever completed or made financial settlement upon any construction contract or work undertaken by the applicant or any business organization qualified by the applicant, or business organization in which the applicant was a partner, member, officer, or shareholder? Yes _____ No _____
2. Are there any unpaid past-due bills or claims for labor, materials, or services as a result of the construction operations of the applicant or any business organization qualified by the applicant, or business organization in which the applicant was a partner, member, officer, or shareholder? Yes _____ No _____
3. Are there now any liens, suits, or judgments of record pending or recorded against the applicant, or any business organization qualified by the applicant, or business organization in which the applicant was a partner, member, officer, or shareholder? Yes _____ No _____
4. Are there now any liens of record by the U.S. Internal Revenue Service or the State of Florida Corporate Tax Division against the applicant or any business organization qualified by the applicant, or business organization in which the applicant was a partner, member, officer, or shareholder? Yes _____ No _____
5. Has the applicant or any business organization qualified by the applicant, or business organization in which the applicant was a partner, member, officer, or shareholder been adjudicated as bankrupt within the past five (5) years or is any such person or organization presently in the process of bankruptcy proceedings? Yes _____ No _____
6. Has the applicant or any business organization qualified by the applicant, or business organization in which the applicant was a partner, member, officer, or shareholder ever made an assignment of assets in settlement of construction obligations for less than the total amount of indebtedness? Yes _____ No _____
7. Has the applicant or any business organization qualified by the applicant, or business organization in which the applicant was a partner, member, officer, or shareholder been convicted of acting in the capacity of a contractor without a license, or if licensed as a contractor in this or any other state, have disciplinary action (including probation, fine, or reprimand) ever been taken against such license by a state, county, or municipality? Yes _____ No _____
8. Has the applicant or any business organization qualified by the applicant, or business organization in which the applicant was a partner, member, officer, or shareholder ever been convicted of any offense in this State or elsewhere, other than traffic violations? Yes _____ No _____
9. Has the applicant or any business organization qualified by the applicant, or business organization in which the applicant was a partner, member, officer, or shareholder ever been convicted of any crime, adjudged bankrupt, or refused a fidelity bond? Yes _____ No _____
10. Required signatures: If an individual: the applicant. If a partnership: the applicant and the partner. If a corporation: the applicant, president, vice-president, and secretary, or all other officers and/or members.

If any answer is yes, explain fully on a separate statement in your own words and attach the statement to this application.

APPLICANT:

Signature

Date

Work History: (Must provide a minimum of four (4) years of work experience.)

Present Name of Employer: _____
Address: _____
Job Description: _____
Time Employed: _____

Past Name of Employer: _____
Address: _____
Job Description: _____
Time Employed: _____

Past Name of Employer: _____
Address: _____
Job Description: _____
Time Employed: _____

List two (2) personal references, excluding relatives:

<u>Name:</u>	<u>Address:</u>	<u>Phone:</u>
_____	_____	_____
_____	_____	_____

NOTE: If this application requires a test, test information will be given to you for the category that you selected on the front of this application, at the time it was issued to you. All tests and all fees for testing are paid directly to the testing agency. You will be sent an approval letter with an Examination Registration Form, Examination Schedule, Test and Review Center Codes, and instructions for filling out the Examination Registration Form **if** your Application for Certificate of Competency has been approved.

I HAVE ANSWERED BOARD QUESTIONS ON FINANCIAL STABILITY AND NET WORTH. I hereby declare that all information submitted herein is correct and true to the best of my knowledge and I authorize the Development Review Services Department to investigate any or all of the statements and information which I have submitted, or will submit, in connection with this application.

Signature of Applicant

Sworn to and subscribed to, before me this _____ Day of _____

Notary Public

PLEASE NOTE: This application will **expire six (6) months** from the received date if a Certificate of Competency has not been issued.

FINANCIAL RESPONSIBILITY: DEFINITION/GROUNDS FOR DENIAL

Pasco County Code Section 18-70-_____Requirements to apply for and/or obtain a Certificate of Competency from Pasco County.

18-70 (1) (c) Proof of financial stability, Pasco County will require a financial statement and will require the applicant to pay a fee and sign consent forms for a credit report from a nationally recognized credit agency that (a) obtains credit information both within and outside the State of Florida, (b) validates, updates, and maintains the accuracy of credit information obtained, and (c) obtains credit reports from at least two (2) credit bureaus. Any applicant who has a history of bankruptcy may be required to provide a creditor matrix and proof of final discharge or judgment. Any applicant who has had a lien or a court judgment against him or her may be required to provide a copy of the petition, judgment, lien, and proof of satisfaction or current repayment plan. Financial stability refers to the ability to safeguard the public from economic loss resulting from a contractor's inability to pay his lawful obligations under the contract. The grounds, upon which the building official may deny a certificate of competency for lack of proof as to financial stability, include the following:

- (i) Failure to submit the required credit reports, creditor matrix, judgments, lien information, or other information requested by the Building Official.
- (ii) Failure to answer the application questions truthfully and completely.
- (iii) Evidence that the applicant has filed voluntary or involuntary bankruptcy within the five (5) years preceding the application, resulting in a loss to consumers or creditors with whom the applicant conducted business as a contractor.
- (iv) The existence, within the ten (10) years preceding the application, of an unsatisfied court judgment rendered against the applicant based upon the applicant's failure to pay just obligations to parties with whom the applicant conducted business as a contractor.
- (v) An unfavorable credit report or history as indicated by any of the documents submitted.
- (vi) A determination by the building official that the applicant lacks the financial stability necessary to assure compliance with the standard set forth in this section. As guidelines for the determination of financial responsibility the building official will consider the applicant's response to the questions set forth in the application.
- (vii) Failure to demonstrate a minimum net worth of \$20,000.00 except the following contractors, who must demonstrate a minimum net worth of \$10,000.00: Aluminum Contractor (Structural), Aluminum Specialty Contractor, Concrete Contractor, Masonry Contractor, Sign Contractor (Electrical), Sign Contractor (Non-Electrical), Structural Steel Contractor, Irrigation Sprinkler Contractor, Solar Energy Installation Contractor, Drywall Contractor, Tile, Marble, and Terrazzo Contractor, Insulation Contractor, Carpentry Contractor, Finish Carpentry Contractor, Plastering and Stucco Contractor, Glass and Glazing Contractor, Hurricane Protection Contractor, Garage Door Contractor, Marine Contractor, Painting Contractor, and Demolition Contractor.

Do Not Write or Mark Below - For Building Construction Services Department, Licensing Section/Building Inspections Division Use ONLY

Application Received Date: _____	By: _____	Amount: \$ _____
Receipt No.: _____		
Application Reviewed By: _____	Approved: _____	Rejected: _____
Competency Card No.: _____	Accela #: _____	
Tested: _____		Reciprocity: _____