

APPLICATION FOR CHANGE OF STATUS

Hendry County Building, Licensing
and Code Enforcement,
Attention: Contractor Licensing
P.O. Box 836, LaBelle, Florida 33975
Phone/Fax (863) 675-4245/(863) 675-5319

I. Applicant's Name: _____

Certificate of Competency Number _____ Certificate Category _____

Home Address _____
Street City State Zip

Mailing Address _____
Street or P.O. Box City State Zip

Social Security Number _____ Date of Birth _____

Home Phone: () _____

Office Phone: () _____ Fax Number: () _____

II. Business No Longer Qualified:

Name of company no longer qualified,
fictitious name used, or if no
company name, write "individual"

Street Address _____
Street City State Zip

Mailing Address _____
Street or P.O. Box City State Zip

Office Phone () _____ Fax Number () _____

III. Business Applicant Will Qualify:

Name of Company to be qualified,
fictitious name to be used, or if no
company name will be used, write "individual"

Street Address _____
Street City State Zip

Mailing Address _____
Street or P.O. Box City State Zip

Office Phone () _____ Fax Number () _____

IV. Federal Employer Identification Number to be Qualified:

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

Federal Employer Identification Number :

V. Certificate Status:

Did you voluntarily place your Hendry County Certificate of Competency on inactive status?

Yes _____ No _____

If no, a \$10.00 administrative fee is required to process this application, in addition to all other applicable license fees.

VI. Financial Responsibility:

All applicants must answer the following questions. 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 of that entity (e.g., president, vice president, secretary, partners or owner of proprietorship) 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	
		Undertaken a construction contract or work that a third party, such as a bonding or surety company, completed or made financial statements on?
		Had claims or lawsuits filed for unpaid or past due accounts by your creditors as a result of construction operations?
		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?
		Had a lien filed against you by the U.S. Internal Revenue Service or Florida tax division?
		Made an assignment of assets in settlement of construction obligations for less than the outstanding debts?
		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?
		Filed bankruptcy, personal or business, in the last five years? [*Important, see “Note” below]
		Been found guilty of any crime other than a traffic violation?

DID YOU ANSWER “YES” TO ANY OF THE ABOVE? 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.

*** NOTE: DID YOU PREVIOUSLY FILE BANKRUPTCY:** If you have previously filed Bankruptcy you should be sure that all of your creditors show no outstanding or unpaid balance on your credit report. You may have to obtain and provide the Construction Licensing Board with additional information if any account listed in your credit report shows an outstanding or unpaid balance that you believe was discharged by your Bankruptcy. **Additional information should be included with this application.**

VII. Organizational Relationships:

Do you qualify or own a business other than the one that you are applying to qualify? Yes _____ No _____

If yes, please contact the Department for guidelines to qualify more than one business.

VIII. Corporations:

Attach a copy of the Annual Report Form filed with the Florida Secretary of State or, if your corporation 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, a Resolution of Authorization must be completed; contact the contractor licensing office for the required form.*

IX. 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 at the contractor licensing office or by contacting Fictitious Name Registration, P.O. Box 1300, Tallahassee, FL 32303-1300, tel. (850) 488-9000. *If you are not a partner or owner in the company you wish to qualify, a Resolution of Authorization must be completed; contact the contractor licensing office for the required form.*

X Qualifying a Company Name or Operating in your Individual Name on your license

SECTION A MUST BE COMPLETED BY ALL APPLICANTS

Section A

I (Applicant's Name) _____, acknowledge that in accordance with the Hendry 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.

Applicant's signature

SECTION B MUST BE COMPLETED BY ALL APPLICANTS OPERATING AS A COMPANY OR CORPORATION

- 1. Sole Proprietorship - owner must sign
- 2. Partnership - a partner must sign
- 3. Corporation - corporate secretary must sign
- 4. Individual Name - mark N/A

Section B

At a meeting of (Company Name) _____, held on the ____ day of _____, 20____, (Name of Applicant) _____ 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

XI. Credit Report:

You must supply the following credit report(s):

- 1. A credit report in your individual name (*required for all applicants*).
 - 2. A credit report is **also** required for the company name you are applying to qualify 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. A credit report in any business you currently own or qualify or any business you owned or qualified within the past five (5) years.
- x** Only original reports must be submitted. No faxes or copies will be accepted.
 - x** The credit report must not be more than six (6) months old.
 - x** The credit report must be from a Nationally recognized credit reporting agency will be accepted. The Construction Licensing Board will not accept a credit profile or a financial statement. A credit report from the Internet may not be acceptable.

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.**

IMPORTANT: If the public records reflect unsatisfied obligations, attach a written explanation and legal documentation to the credit report or provide a copy to the Department. The credit report should also reflect officers, partners and proprietors, their Social Security numbers and the FEIN.

IMPORTANT NOTE IF YOU PREVIOUSLY FILED BANKRUPTCY: If you have previously filed Bankruptcy you should be sure that all of your creditors show no outstanding or unpaid balance on your credit report. You may have to obtain and provide the Construction Licensing Board with additional information if any account listed in your credit report shows an outstanding or unpaid balance that you believe was discharged by your Bankruptcy. **Additional information should be included with this application.**

If the credit report is not attached to the application you may have the credit agency send the credit report directly to: **Hendry County Building, Licensing and Code Enforcement, Attention: Contractor Licensing, P.O. Box 836, LaBelle, Florida 33975.**

YOU MUST COMPLETE THE FOLLOWING STATEMENT:

A credit report for _____
(Applicant's name and/or name of business organization being qualified)

was requested on _____ To be sent from _____
(Date) (Name of Credit Reporting Agency)

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

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 Hendry 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 _____

XIII. 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 my 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 Hendry County Certificate of Competency.

Applicant's Signature

State of _____
[The State and County of execution must be filled in by the Notary Public.]

County of _____

Under oath, before me this _____ day of _____, 200____, _____
(Name of applicant)
who is personally known to me, or who has produced _____ as identification, stated
the foregoing facts were true.

Notary Public
Printed Name:
[stamp or seal]

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 complete application. However, all material must be received ten (10) days prior to hearing date. The Construction Licensing Board will review your application at a regularly scheduled meeting. (Meetings are at 6:30 P.M., the fourth Thursday of each month at Hendry County Commission Chambers, Hendry County Courthouse, LaBelle, FL 33935.) 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 to answer questions 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.**

If the Construction Licensing Board approves your application, a letter will be forwarded to you stating any additional information required prior to issuance of a Certificate of Competency Card.

State Registration:

General, Building, Residential, Class A Air Conditioning, Class B Air Conditioning, Commercial Pool/Spa, Residential Pool/Spa, Swimming Pool Servicing, Sheet Metal, Mechanical, Plumbing, Solar Water Heating, Underground Utilities and Excavation, Asbestos Abatement, Roofing, Pollutant Storage System, Master Electricians, Alarm System Contractor I, Alarm System Contractor II, Aluminum Specialty Structure, Drywall and Electrical contractors are required to register with the Department of Business and Professional Regulation.

Do not write below this line.

For Staff Review Use Only.

Applicant's Signature on pp. 3 & 5	Properly Credit Report Notarized	Corporate (Original)	Corporate Filing	Fictitious Name	Other _____
[]	[]	[]	[] (if applicable)	[] (if applicable)	[]