

CERTIFICATE OF COMPETENCY APPLICATION



"Delivering Exceptional Service"

Building Construction Division
 Licensing Section
 18400 Murdock Circle
 Port Charlotte FL 33948
 Phone: 941.743.1201
 Fax: 941.743.4907
www.CharlotteCountyFL.gov

Official Use Only

Received Date: _____

Received By: _____

POS #: _____ \$ _____

Applicant Information

Category of Requested Certificate of Competency: _____

Applicant Name: _____

Birth Date: _____ Last Four (4) of Your Social Security Number: _____

Business Name to Qualify: _____

Business Address: _____

Street Name/Number/City/State/Zip Code

Phone: _____ Email: _____

Business Mailing Address: _____

Street Name/Number/PO Box/City/State/Zip Code

Home Address: _____

Street Name/Number/City/State/Zip Code

Present Occupation: _____ Have you ever been in business as a Contractor? _____

1. If yes, where and when: _____
2. Describe type of work: _____
3. Have you ever been convicted of a felony or misdemeanor? _____
4. Have you ever had your Certificate of Competency or State License revoked? _____
5. If yes was answered to the above two questions, please attach a separate letter of explanation to this application.

Record of Contractor's or Journeyman's Certificate of Competency Held Elsewhere

City, County or State	Date Obtained	By Exam or Letter of Reciprocity

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Applicant Authorization & Signature

I hereby authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for disciplinary action by the Construction Industry Licensing Board. I also authorize release of Sheriff and Police records to the Licensing Section of the Building Construction Division. I hereby release you, your organization or others from any liability for damage which may result from furnishing the information requested herein. I also agree to familiarize myself with and abide by all local ordinances, state regulations, and the Florida Building Code governing all restrictions about the license I have been issued.

Signature of Applicant (witnessed by a Notary)

Printed Name of Applicant

State of _____, County of _____

The foregoing instrument was acknowledged before me, by means of physical presence or Online notarization, this ____ day of _____ 20____, by _____ who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

Notary's Signature _____ Notary's Printed/Stamped Name _____
Commission Number _____

Official Use Only	Needs	Has
Letter of Experience		
Credit Report Personal:		
Credit Report Business Name:		
Fictitious Name Registration:		
Articles of Incorporation:		
Minutes of Meeting Listing Officers:		
Resolution of Authorization		
Letter of Reciprocity		
General Liability Policy:		
Worker's Compensation Policy		
Worker's Compensation Exemption:		
Copy of Driver's License		

APPLICANT:
PLEASE ATTACH A PASSPORT SIZE PHOTO HERE

Application Type (check or circle): New ____ Reactivate Inactive: ____ Reactivate Expired: ____ Name Change: ____

Application is hereby (check or circle): ____ APPROVED ____ DISAPPROVED ____

Staff Signature: _____ Title: _____ Date: _____

Reason for Disapproval (check or circle): ____ LACKS EXPERIENCE ____ UNFAVORABLE CREDIT ____ OTHER

Explanation of Other: _____