

**BROWARD COUNTY CONTRACTOR LICENSING AND ENFORCEMENT
CONTRACTOR APPLICATION INFORMATION FOR EXAMINATION OR RECIPROCITY FOR
ENGINEERING; MECHANICAL; ELECTRICAL; PLUMBING; SPECIALTY PLUMBING & LPG TRADES**

1. To apply for a Certificate of Competency for Broward County an applicant is required to have the amount of years of the practical construction experience as listed on the Application Check-List.
2. PROOF OF EXPERIENCE:
 - A. A LETTER ON BUSINESS LETTERHEAD FROM AN EMPLOYER OR THE AFFIDAVIT PROVIDED:

Must Include

 - The dates you were employed.
 - The type of work you did.
 - The license number of the person signing the documents.
 - Notarized signature of the person signing the document.
 - W-2's to substantiate each affidavit.
 - All letters and affidavits must be notarized.
 - B. SELF EMPLOYED:

Must Include:

 - Attach copies of your incorporation papers
 - Attach copies of your occupational license
 - Attach any other documents to prove self-employment.
 - Copies of any Licenses you may have or have had.
 - All letters and affidavits must be notarized.
 - C. OUT OF STATE EXPERIENCE:

Must Include:

 - Verification via notarized letter from licensed architect or engineer from that state. (This does not apply to Electrical or Plumbing Licenses).
 - Electrical and Plumbing - refer to A and/or B.
 - All letters and affidavits must be notarized.
 - D. RECIPROCITY :
 - Must submit all of the same information
 - Must submit a letter of Reciprocity from the county where you took your exam. Letter must come by mail or submitted with a seal.
 - Scores (75% or higher) and scope of work must be equal to Broward County's requirement.
 - E. OTHER IMPORTANT INFORMATION:
 - You may receive a "Notice to Appear" at an upcoming scheduled Board Meeting.
 - Please advise the person preparing an affidavit that they will be contacted to verify the information provided.
 - All letters and affidavits must be notarized.
3. CHARACTER LETTERS :
 - The name(s) and address (es) of at least one (1) Local resident who can attest to your character and reputation.
 - Letters must be notarized.
4. CREDIT REFERENCE LETTERS
 - Three (3) credit references for the applicant.
 - At least one (1) from a local financial institution (ie.Bank).
5. CREDIT REPORT:
 - An individual credit report is required (No more than 6 month old.)
 - A company credit report is also required if you are qualifying a corporation or partnership.
 - These reports must come from a recognized Credit Bureau, such as Experian or Equifax Credit Bureau. You can obtain a free credit report from www.annualcreditreport.com.

6. **FINANCIAL STATEMENT:**

A comprehensive financial statement and credit report for the business organization.

- o The statement shall not be over one hundred eighty (180) days old
- o If it is over ninety (90) days old, it shall be accompanied by an affidavit stating that no material change has occurred since its preparation and that it substantially represents the current financial condition of the applicant and the business organization.

7. **CORPORATE PAPERS:**

If you are qualifying a corporation you are required to provide:

- o A copy of the front page of your articles of incorporation, listing the corporate officers,
- o A written statement from the Secretary of State, Tallahassee, certifying the corporation is currently authorized to do business in the State of Florida.
- o If you are not an officer of the corporation, you must provide a notarized letter from an officer of the corporation stating that you are a supervisory employee of the corporation.

8. **FICTITIOUS NAME AFFIDAVIT:**

If the firm is not incorporated but is operating under a Trade Name (other than the proper name of an individual) the company must conform to Florida Statute 865.09 Fictitious Name Statute, and you must file a copy of the Fictitious Name Affidavit after it has been properly registered with the Division of Corporations.

9. Answer all questions in full, **please type or print clearly** with sufficient detail to determine if you are qualified to take the examination. If not applicable indicate N/A. Attach additional sheets if necessary.

10. All applications must include **TWO (2) PASSPORT** size photos taken within the last 3 months of the APPLICANT.

7. Processing Fee's: Please refer to the **Application Check-List** for the required fee. All fees are **Non-Refundable**. If paying by check, please make payable to: **"Broward County Board of County Commissioners"**.

- After the Board reviews this application, you will be advised of their decision via letter.
- Should your application be disapproved by the Board, the application fee will **NOT** be refunded.
- Once approved your contact information will be sent to Gainesville Independent Testing Service, LLC ("GITS") who will Contact you to schedule your exams.
- Applicants are required to pass (exam list attached) with the minimum passing grade of 75% or higher. (75% also applies to reciprocity grades).
- After you have passed the examination you will be required to submit a Certificate of Insurance, however, reciprocity applications will be required to submit insurance at time of application. The minimum liability insurance limits are listed below:

Bodily Injury Liability.....\$300,000.00
 Property Damage Liability\$ 50,000.00 (For any one accident including damage to rights-of-way and/or shrubbery.)
 Proof of Worker's Compensation Insurance or Waiver form.

INACTIVE STATUS: Not qualifying a business – Not contracting – No pulling of permits NOT required carry insurance

Information: Sec.9-14. Complaints and disciplinary actions

(b) No individual or business organization certified or pending certification under this chapter or any financially responsible officer shall:

- (1) Willfully, deliberately or negligently disregard or violate any provision of the Building Code or any state laws or regulations which directly relate to the practice of contracting or the ability to practice contracting.*
- (18) Fail to maintain in full force and affect any insurance required by this chapter or the board.*

Return the COMPLETED APPLICATION and APPLICATION FEE to:

**Broward County
 Permitting, Licensing & Consumer Protection Division
 1 North University Drive, Box 302
 Plantation, Florida 33324**



**APPLICATION CHECKLIST FOR CERTIFICATE OF COMPETENCY
 BROWARD COUNTY CONTRACTOR LICENSING AND ENFORCEMENT
 (SELECT WHICH CATEGORY YOU WISH TO APPLY FOR)**

ELECTRICAL AND SPECIALTY ELECTRICAL CONTRACTORS -- APPLICATION FEE \$300.00 – PASSING GRADE 75%	
Alarm System Contractor I – 7 yrs.	Limited Energy Systems Contractor – 7 yrs.
Alarm System Contractor II – 7 yrs.	Master Electrician – 7 yrs.

ENGINEERED CONSTRUCTION CONTRACTORS - APPLICATION FEE \$430.00, PASSING GRADE 75%
General Engineered Construction Builder– 10 yrs., (Covers all Categories)

SPECIALTY APPLICATION FEES \$315.00 – REQUIRE 4 YEARS EXPERIENCE -- PASSING GRADE 75%

CATEGORY 1 Specialty Engineered Utility & Drainage –
1A -Primary Pipelines(water, sewer and drainage) Also covers 1B
1B -Secondary Pipelines (Water, sewer and drainage incidental to parking lots)
1C -Plant Construction (water treatment, sewage treatment, industrial complexes, pub and lift stations, incinerators)
1D -Fuel Transmission and Distribution Lines
1E -Underground & Aerial Utility Transmission and Distribution Lines
1F -Feeder Distribution Interface (FDI Telephone boxes) Installer
1G -Cable Television (for pre-wiring buildings, apply at Electrical Board)
1H -Jack and bore Installer
1I -Irrigational System Builder (irrigational piping systems)

CATEGORY 2 Specialty Engineered Structural – (Category 2A covers all Category 2 categories.)
2A – Heavy Marine (harbor facilities, docks, shipyards, bulkheads, retaining walls, seawalls, dams and locks).
2B – Bridges, Overpasses and Underpasses
2C – Tunnels
2D – Light Marine (seawalls, retaining walls, davits, boat lifts, and small docks)
2E – Pile Driving

CATEGORY 3 Specialty Engineered Paving
3A – Major Roads (asphalt & concrete paving for interstate, primary, secondary, and arterial roadways and airports and work incidental thereto) (Category 3A covers all category 3 specialties)
3B – Minor Roads (asphalt and concrete paving for subdivision facilities & work incidental thereto) Category 3B covers all below 3B
3C – Concrete Driveways, Curbs, Gutters and sidewalks.
3D – Sealcoating (incidental striping, pavement markings and signage.) – 1 yr. 75%
3E – Surfacing (tennis courts, bike paths, driveways, parking lots w/drainage incidental thereto being limited to soakage pits/drywells)
3F – Striping, pavement markings and signage of major and minor roadways
3G – Interlocking Brick pavers. (select, cut and lay interlocking brick)

CATEGORY 4 Specialty Engineered Earthwork
4A – Excavation (canals, lakes and levees)
4B – Clearing and Grading
4C – Dredging (canals, lakes and waterways)

LIQUEFIED PETROLEUM GAS CONTRACTORS (RECIPROCITY ONLY)	
LPG Contractor –State License I # 601	LPG Service and Installation– State C # 408 or A # 0803

PLUMBING AND SPECIALTY PLUMBING CONTRACTORS – APPLICATION FEE \$250.00 – PASSING GRADE 75%	
Master Plumber – 7 yrs.	Lawn Sprinkler – 1 yr.

MECHANICAL AND SPECIALTY MECHANICAL CONTRACTORS – APPLICATION FEE IS \$275 - PASSING GRADE 75%	
Mechanical Contractor – 6 yrs.	Pneumatic Control – 3 yrs.
Insulation – 3 yrs.	Sheet Metal – 6 yrs.
Class A Air Conditioning – 6 yrs.	Class B Air Conditioning Limited to 25 Tons -3 yrs.
Test & Balance – Class “A” Unlimited (must hold a Class “A” Air Conditioning (hold for 3 years) license already & be certified by AABC or NEBB.	Test & Balance – Class “B” Limited to 25 tons (must hold a Class “B” Air Conditioning (hold for 3 years) license already & be certified by AABC or NEBB).
Central Vac System – 3 yrs.	Transport Assembly – 3 yrs.



ATTACH
 TWO (2)
 1 1/2" x 1 1/2"
 PHOTOS

Today's Date:	* Social Security No.:
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NOTICE OF COLLECTION OF SOCIAL SECURITY NUMBERS FOR GOVERNMENT PURPOSES

* Under the Federal Privacy Act, disclosure of social security numbers is voluntarily unless specifically required by federal statute. In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 409.2577 and 409.2598, Florida Statutes, to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act)."

Item 1 - Personal Information			
Last name:	First name:	Middle Initial:	Suffix:
Phone No.:		Cell No.:	
Home Address:			Apt. No.:
City:	State:	Zip Code:	
E-Mail:			
Place of Birth:		Date of Birth:	
Height:	Weight:	Hair Color:	Eye Color:

Item 2 - Business Organization			
Are you qualifying as (circle one):	Sole Proprietor	Partnership	Corporation
Name:			
Business Phone No.:		Business Cell No.:	
Business Address:			Unit. No.:
City:	State:	Zip Code:	
E-Mail:		Fax:	

Item 3

Have you ever . . .

Yes or No

Been convicted, adjudication withheld, and/or you plead nolo contendere (no contest) to a felony or first degree misdemeanor, including but not limited to the following crimes, dishonesty, fraud, deceit, or lack of integrity in the operation or conduct of the applicant's business, occupation, or trade. Please provide official disposition documents from the court of law for any adjudication, conviction, withheld adjudication or nolo contendere.

<u>Date</u>	<u>Location</u>	<u>Charge(s)</u>	<u>Disposition</u>

Contracted or done work outside the scope of operation, as set out in the definition of the particular type of contractor for which you are qualifying?

Abandoned without legal excuse, a construction project or in which you were engaged or under contract as a contractor or subcontractor?

Diverted Funds or property received for execution or completion of specific construction project or operation, or for a specific purpose, to any other use whatsoever?

Departed from or disregarded in any material respect, the plans of the owner or his duly authorized representative?

Disregarded or violated in the performance of your contracting business, any of the building, safety, health insurance, or workmen's compensation laws of the State of Florida, or the regulations of Broward County?

Misrepresented any material fact in your application and supporting papers in obtaining a license?

Failed to fulfill your contractual obligation through inability to pay all creditors for material furnished, work or services performed, in the operation of your business for which you are licensed?

Aided or abetted an unlicensed person to evade the licensing requirements of Broward County, or allowed your license to be used by an unlicensed person or acted as an agent, partner, or associate of an unlicensed person with the intent to evade the licensing requirements of Broward County?

Been guilty of any fraudulent act as a contractor or sub-contractor, by which another is substantially injured?

Filed bankruptcy in business?

If you answered yes to any of the above questions, please explain on a separate sheet of paper.

List your employment record beginning with your most recent employer to show your practical and required experience in the construction field. Include all business(es) that you own(ed), operated, or managed, and which you have had an active part. Please explain any gaps in employment on a separate sheet. **If additional employment history is required, please copy this sheet and attach with application.**

Item 4 Employment History		
Dates: From:		To:
Business Name:		
Business Phone No.:		Business Cell No.:
Employer's Address:		
City:	State:	Zip Code:
E-mail:		
Specify Type of Work:		
Last Position Held:		
Reason for Leaving:		

Employment History		
Dates: From:		To:
Business Name:		
Business Phone No.:		Cell No.:
Employer's Address:		
City:	State:	Zip Code:
E-mail:		
Specify Type of Work:		
Last Position Held:		
Reason for Leaving:		

**Item 5
Education Record**

High School	1 2 3 4	Name	Location	Degree
College	1 2 3 4	Name	Location	Degree
Trade School		Name	Location	Degree
Certification				

**Item 6
Certificates of Competency**

Type of Certificate	Certificate Number	Date Issued	Date Expires	Place Issued	By Exam (Yes or No)	By Other (State Other)

Are you aware that all answers made on this application constitute a sworn statement by you? Yes No

I certify that the above information and any attachments to this application are true and correct under penalty of law. I further understand that the Broward County Permitting, Licensing and Consumer Protection Division may deny this application based on my history, failure to disclose information, and/or information that is false or misleading.

Signature of Applicant

Date

NOTARY PUBLIC
State of Florida)
) SS
County of)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, personally known to me____, or who has produced _____ as identification, and who did _____ take an oath.

(Seal)

Notary Public in and for the State of Florida

Affidavit of Experience			
Provided by (circle one):	Employer	Self-employed	Employer no longer in business
This is to certify that:		Is/was employed by:	
Business Address:		Phone No.:	
City:	State:	Zip Code:	
From:	To:	Total Length of time:	
The specific type of work performed consisted of the following:			
Remarks if any:			

I am the qualifier for the above mentioned firm or corporation and hold current Certificate of Competency	
Card No.:	Issued by:
Type of Contractor:	Contact Phone No.:

By signing this affidavit, I understand that if I am found to be providing false statements related to the applicant's experience and competency, then as a contractor licensed by Broward County I face penalties up to and including licenses suspension and revocation. If I am licensed by another county, state, or professional agency other than Broward County, then I understand a letter from the Contracting Licensing Board for the General Construction and Specialty Trades will be sent to my licensing authority making them aware of any false or misleading statements I may have made in this affidavit.

Print Name: _____ Signature of Contractor _____

NOTARY PUBLIC
 State of Florida)
) SS
 County of)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, personally known to me____, or who has produced _____ as identification, and who did _____ take an oath.

(Seal) _____
 Notary Public in and for the State of Florida

For Office Use Only		
Date Received:	Verified by:	License No.: