



APPLICATION FOR LIMITED LICENSE

COMPLETE ALL PAGES OF APPLICATION

SUBMIT WITH PROOF OF INSURANCE FOR GENERAL LIABILITY AND WORKER'S COMP

SUBMIT FEE OF \$175.00 PAYABLE TO THE MARTIN COUNTY BOCC

THE APPLICATION IS DUE IN THE LICENSING OFFICE BY THE 10TH OF THE MONTH.

YOU MUST APPEAR BEFORE THE CONSTRUCTION INDUSTRY LICENSING BOARD. THEY MEET THE 4TH WEDNESDAY OF EACH MONTH WITH THE EXCEPTION OF AUGUST, NOVEMBER (MEET ON THE 3RD WEDNESDAY) AND DECEMBER.

THE LIMITED LICENSE COMPETENCY CARD SHALL BE FOR MISCELLANEOUS CONSTRUCTION ACTIVITY THAT IS NOT OTHERWISE REGULATED BY THE MARTIN COUNTY CODE OF LAWS AND ORDINANCES SEC. 43 AND FLORIDA STATUTE 489. THESE MISCELLANEOUS TRADES ARE LIMITED TO:

CABINET INSTALLATION

CARPETING

COUNTER TOPS

DECORATIVE INTERIOR SHUTTERS

GUTTERS AND DOWNSPOUTS

INTERIOR TRIM CARPENTRY

LOW VOLTAGE LIGHTING (12 & 24 VOLT, PLUG-IN ONLY)

INTERIOR DECORATIVE PANELING

PAPERHANGING (NOT PAINTING)

RESCREENING

REMOVABLE POOL BARRIER

RESILIENT FLOORING

ASPHALT FLOOR TILE

SHEET GOODS FLOORING (ie... LINOLEUM, VINYL)

WOOD FLOORINGS

SHELVING



SUMMARY OF INSTRUCTIONS TO OBTAIN A
MARTIN COUNTY COMPETENCY CARD FOR
LIMITED LICENSE CONTRACTOR'S LICENSE

PLEASE FOLLOW INSTRUCTIONS IN THE ORDER LISTED

THE LICENSE IS NOT ACTIVATED UNTIL ALL STEPS ARE COMPLETED

1. FORM A CORPORATION OR LLC (www.sunbiz.org) – required by the State of Florida for the Worker's Compensation exemption.
2. COMPLETE **ENTIRE** APPLICATION – DUE BY THE 10TH OF MONTH FOR THAT MONTH'S MEETING.
3. SUBMIT THE FOLLOWING WITH THE APPLICATION:
 - a. FEE OF \$175.00 PAYABLE TO THE MARTIN COUNTY BOARD OF COUNTY COMMISSIONERS
 - b. COPY OF DRIVER'S LICENSE
 - c. CORPORATE DOCUMENTS (www.sunbiz.org)
 - d. CERTIFICATE OF INSURANCE FOR GENERAL LIABILITY IN THE AMOUNT OF \$25,000/\$100,000 WITH MARTIN COUNTY AS THE CERTIFICATE HOLDER (ACCORD FORM)
 - e. SUBMIT COPY OF WORKER'S COMPENSATION INSURANCE OR EXEMPTION.
4. COMPETENCY CARD WILL BE ISSUED AFTER THE INFORMATION SUBMITTED IS VERIFIED AND APPROVED BY THE CONSTRUCTION INDUSTRY LICENSING BOARD.
5. OBTAIN A MARTIN COUNTY OCCUPATIONAL LICENSE IN PERSON, THEN EMAIL TO licensing@martin.fl.us.
3485 SE Willoughby Boulevard, Stuart, FL 34994 – Phone: 772-288-5604

IMPORTANT:

YOU ARE NOT LICENSED UNTIL YOU SUBMIT THE MARTIN COUNTY OCCUPATIONAL LICENSE AND WORKER'S COMP. EXEMPTION CARD OR INSURANCE TO CONTRACTORS' LICENSING.

I have read and fully understand the conditions set forth and will comply with them knowing that failure to comply thereto may result in action taken against me by Martin County.

Applicant's signature

Applicant's typed or printed name

STATE OF _____
COUNTY OF _____

I hereby certify that the foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 202__, by _____. He or she () is personally known to me; () has produced _____ as identification.

Signature of Notary Public



**MARTIN COUNTY
CONSTRUCTION INDUSTRY LICENSING BOARD
APPLICATION FOR CERTIFICATE OF COMPETENCY**

INSTRUCTIONS FOR COMPLETING APPLICATION

AN APPLICATION IS COMPLETE IF IT INCLUDES THE FOLLOWING:

1. APPLICABLE FEE - PAYABLE TO MARTIN COUNTY BOARD OF COUNTY COMMISSIONERS BY CHECK, CASH, OR CREDIT CARD.
2. **A COPY OF VALID DRIVER'S LICENSE.**
3. COMPLETED AFFIDAVIT OF EXPERIENCE - EXPERIENCE MUST BE VERIFIED BY A LICENSED CONTRACTOR. SIGNATURE MUST BE NOTARIZED.
4. THREE COMPLETE CREDIT REFERENCES.
5. RESUME - MUST ACCOUNT FOR LAST 5 YEARS OF EMPLOYMENT AND CORRESPOND WITH THE AFFIDAVIT OF EXPERIENCE.
6. IF APPLICANT WISHES TO QUALIFY AND DO BUSINESS AS A CORPORATION OR LLC, FURNISH A COPY OF THE CORPORATE DOCUMENTS AND THE ELECTION OF CURRENT OFFICERS. (**www.sunbiz.org**)
7. APPLICANT MUST BE PRESENT AT THE CONSTRUCTION INDUSTRY LICENSING BOARD MEETING.

AT THIS TIME, THIS LICENSE DOES **NOT** REQUIRE AN EXAMINATION.

EXPERIENCE REQUIREMENTS: 1 YEAR VERIFIABLE (NOT BY THE APPLICANT)

FEES: \$175.00

REQUIREMENT MUST BE OBTAINED FROM MARTIN COUNTY CODE OF LAWS AND ORDINANCES.
(CHAPTER 43)

MAILING ADDRESS: MARTIN COUNTY CONTRACTORS LICENSING
 900 SE RUHNKE STREET
 STUART, FL 34994

PHONE: 772-288-5482

EMAIL: licensing@martin.fl.us

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**MARTIN COUNTY
CONSTRUCTION INDUSTRY LICENSING BOARD
900 SE RUHNKE STREET
STUART, FL 34994
(772) 288-5482 FAX (772) 419-6935**

APPLICATION FOR CERTIFICATE OF COMPETENCY

AMT PAID **\$175.00** CHECK NO _____ DATE REC'D _____
(CASH, MONEY ORDER OR CREDIT CARD)

PLEASE TYPE OR PRINT ALL INFORMATION

APPLICATION FEE MUST ACCOMPANY THIS APPLICATION AND IS REQUIRED TO BE PAID BEFORE APPLICATION IS ACCEPTED BY THE BUILDING OFFICIAL AND/OR HIS DESIGNEE. APPLICATION FEE IS **NON- REFUNDABLE** AFTER APPLICATION HAS BEEN ENTERED ON THE RECORDS. APPLICANT AGREES TO AUTHORIZE THE MARTIN COUNTY CONSTRUCTION INDUSTRY LICENSING BOARD AND ITS AGENTS TO OBTAIN INFORMATION FROM ANY SOURCE DEALING WITH THE APPLICANT AND ANY ADDITIONAL INFORMATION CONCERNING APPLICANT'S FINANCIAL CONDITION AND EXPERIENCE.

UNDER THE PROVISIONS OF THE MARTIN COUNTY CODE OF LAWS AND ORDINANCES, CHAPTER 43, DEFINING, REGULATING AND GOVERNING CONTRACTORS WITHIN THE COUNTY OF MARTIN, FLORIDA: I HEREBY APPLY FOR A CERTIFICATE TO QUALIFY AS A CONTRACTOR IN MARTIN COUNTY, FLORIDA, UNDER CLASSIFICATION INDICATED BELOW:

LIMITED LICENSE APPLICATION

ATTACH
RECENT
PHOTO

APPLICANT'S FULL NAME _____
FIRST MIDDLE LAST

I AM QUALIFYING FOR A: SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION

NAME OF FIRM OR COMPANY _____

BUSINESS ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

APPLICANT'S TITLE _____

HOME ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

FL DRIVER LIC # _____

IF THE BUSINESS ORGANIZATION IS A **SOLE PROPRIETORSHIP OR LLC**, PLEASE FILL IN:

OWNER'S NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

IF BUSINESS ORGANIZATION IS A **PARTNERSHIP**, PLEASE FILL IN:

PARTNER _____

PARTNER _____

STREET ADDRESS _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

IF THE BUSINESS ORGANIZATION IS A **CORPORATION**, CHARTERED BY THE STATE OF FLORIDA, INCLUDE COPY OF ARTICLES OF INCORPORATION AND ELECTION OF OFFICERS, AND FILL IN BELOW THE NAMES AND ADDRESSES WITH CITY & STATE:

PRES. _____

V. PRES. _____

SEC'Y. _____

TREAS. _____

YOU MUST ANSWER THESE NEXT QUESTIONS.

WILL YOU, AS QUALIFYING AGENT, HAVE ANY OWNERSHIP IN FIRM? _____

IF NOT, GIVE DETAILS: _____

WILL YOU BE A FULL-TIME EMPLOYEE OF THIS FIRM? _____

IF NOT, GIVE DETAILS: _____

LIST OTHER LICENSES: _____

LIST EDUCATION RELATED TO CLASSIFICATION YOU ARE APPLYING FOR, INCLUDE DEGREE OR CERTIFICATION ATTAINED:

The undersigned hereby makes application for certification under the provisions of the Martin County Code of Laws and Ordinances, Chapter 43 and vouches for the truth and accuracy of all statements and answers herein.

All applicants/licensees must answer the below questions. If you answer "yes" to any of the questions, a written explanation is required. Additional documentation is also required, as indicated. If you are applying to qualify a corporation, partnership or other legal business entity, ALL OFFICERS OF THAT ENTITY MUST ALSO EXPLAIN IF ANY OF THE BELOW WOULD PERTAIN TO THEM. This would include the president, vice president, secretary, and/or partners or owner of the proprietorship.

HAVE YOU, the business organization, or any of the above mentioned individuals in any capacity EVER:

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Undertaken construction contracts or work that a third party, such as a bonding company completed or made financial settlements? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Had claims or lawsuits filed for unpaid or past due accounts by your creditors as a result of construction operations? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Undertaken construction contracts or work which resulted in liens, suits or judgments being filed? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Had a lien filed against you by the U.S. Internal Revenue Service or Florida Corporate Tax Division? If "yes", you must attach a copy of the Notice of Lien, and any payment agreement, satisfaction, Release of Lien or other proof of payment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Made an assignment of assets in settlement of construction obligations for less than the debts outstanding? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Been charged with or convicted of acting as a contractor without a license, including citations, or if licensed as a contractor in this or any other state, been "subject to" any disciplinary action by a state, county, or municipality? If "yes", you must attach a copy of any state, county, municipal or out-of-state disciplinary order or judgment. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Filed for or been discharged in bankruptcy within the past five years? If "yes", you must attach a copy of the Discharge Order, Order Confirming Plan or if a corporate Chapter 7 case, a copy of the Notice of Commencement. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Been convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction within the past 10 years? |

NOTE: The Board requires any applicant/licensee who answers "yes" to any question (except question #6) to provide a credit report to be sent directly to the Contractors' Licensing Division of Martin County, FL.

In addition the applicant is required to supply a complete explanation of the response, and include a statement detailing the steps taken by the licensee to prevent a recurrence of the circumstances leading to the conviction, discipline, judgment, bankruptcy, or other event leading to the response. You must include any proof of payment, satisfaction of liens, judgments and bankruptcy discharge papers in your submittal, if applicable. Applicants are required to appear before the Construction Industry Licensing Board to answer questions regarding such responses.

I CERTIFY THAT I WILL ACT FOR THE FIRM, PARTNERSHIP OR CORPORATION FOR WHICH I AM QUALIFYING IN ALL MATTERS CONCERNING THE CONTRACTING BUSINESS, AND I WILL ACTIVELY SUPERVISE ALL CONSTRUCTION WORK AND BE RESPONSIBLE FOR ASCERTAINING THAT ALL SUCH WORK IS COMPLETED ACCORDING TO APPROVED PLANS, APPLICABLE CODES AND GOOD CONSTRUCTION STANDARDS. IF AT ANY TIME DURING THIS CERTIFICATION, I CEASE TO BE ABLE TO ACT FOR THIS BUSINESS ORGANIZATION, I WILL IMMEDIATELY NOTIFY THE MARTIN COUNTY CONSTRUCTION INDUSTRY LICENSING BOARD IN WRITING.

SIGNATURE OF APPLICANT

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 202___, by _____
PRINT NAME

NOTARY PUBLIC

Personally Known _____ Produced ID _____
Type of ID Produced _____



APPLICANT'S RESUME - RECENT 5 YEARS

THIS RESUME IS NEEDED BY THE MARTIN COUNTY CONSTRUCTION INDUSTRY LICENSING BOARD TO PROPERLY ASSESS THE APPLICANT'S EXPERIENCE IN THE CLASSIFICATION FOR WHICH HE IS APPLYING FOR A CERTIFICATE OF COMPETENCY.

LIST PLACES OF EMPLOYMENT OR NAMES OF BUSINESSES OWNED, BEGINNING WITH THE MOST RECENT ONE. **INFORMATION MUST BE VERIFIABLE** AND MUST INCLUDE NAME, ADDRESS AND TELEPHONE NUMBER. DATES MUST BE SPECIFIC, INDICATING MONTH AND YEAR WITH DESCRIPTION OF DUTIES AND RESPONSIBILITIES.

DATE (MO. & YR.)	EMPLOYER, LOCATION & TEL #	RESPONSIBILITIES

GIVE THREE CREDIT REFERENCES (THEY MAY BE PERSONAL), **INCLUDING ONE BANK**, COMPLETE WITH ADDRESSES AND PHONE NUMBERS. THEY MAY BE OUT-OF-STATE, BUT MUST BE VERIFIABLE.

1. _____
2. _____
3. _____

I CERTIFY THAT THE ABOVE REPRESENTS TO THE BEST OF MY KNOWLEDGE ALL INFORMATION RELATIVE TO THE CLASSIFICATION FOR WHICH I AM APPLYING.

SIGNATURE OF APPLICANT



AFFIDAVIT OF EXPERIENCE

(THIS IS INTENDED TO VERIFY IN-THE-FIELD EXPERIENCE, AND NOT CHARACTER REFERENCE AND MUST BE SIGNED BY A LICENSED CONTRACTOR)

DATE: _____, 202__

MARTIN COUNTY CONSTRUCTION
INDUSTRY LICENSING BOARD
900 SE RUHNKE STREET
STUART, FL 34994

_____ IS/WAS EMPLOYED AS A
NAME OF APPLICANT

_____ JOB TITLE

BY _____
NAME OF COMPANY

LOCATED AT _____
ADDRESS AND PHONE

FROM _____ 202__ TO _____ 202__
MONTH MONTH

WHILE EMPLOYED HIS/HER TOTAL LENGTH OF TIME IN THE FIELD WAS _____
YRS & MONTHS

DESCRIPTION OF RESPONSIBILITIES:

I AM QUALIFIED TO VERIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

CANNOT BE SIGNED BY APPLICANT LICENSE NO.: _____

SIGNED: _____

PRINT OR TYPE NAME: _____

STATE OF _____

COUNTY OF _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME BY MEANS OF ___ PHYSICAL PRESENCE OR ___ ONLINE NOTARIZATION,
THIS ___ DAY OF _____ 202__.

SIGNATURE OF NOTARY PUBLIC

Personally known _____
Produced Identification _____
Type of ID Produced _____

SEAL:

This form may be duplicated. Verification forms must be furnished to substantiate the minimum experience required in the category for which application is made. If self-employed, verification of required experience may be supplied by any of the following; notarized letters from licensed contractors, building officials, licensing agencies, IRS TAX return forms.