



**MARTIN COUNTY
CONSTRUCTION INDUSTRY LICENSING BOARD**

APPLICATION FOR CERTIFICATE OF COMPETENCY

INSTRUCTIONS FOR COMPLETING APPLICATION

AN APPLICATION IS COMPLETE IF IT INCLUDES THE FOLLOWING (NO FAXED APPLICATIONS WILL BE ACCEPTED):

1. APPLICABLE FEE – PAYABLE TO MARTIN COUNTY BOARD OF COUNTY COMMISSIONERS BY CHECK, CASH, OR CREDIT CARD.
2. **A COPY OF CLEAR, 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 APPLICATION IS FOR RECIPROCITY, FURNISH A "LETTER OF RECIPROCITY" VERIFYING PASSING A STANDARDIZED EXAM PREPARED, PROCTORED AND GRADED WITH A MINIMUM SCORE OF 75% FROM THE AREA THAT SPONSORED THE ORIGINAL EXAMINATION.**
7. IF APPLICANT WISHES TO QUALIFY AND DO BUSINESS AS A CORPORATION OR LLC, **FURNISH A COPY OF THE ELECTION OF CURRENT OFFICERS AND CORPORATE DOCUMENTS. (www.sunbiz.org)**
8. APPLICATION MUST BE COMPLETE BEFORE IT IS PRESENTED AT THE CONSTRUCTION INDUSTRY LICENSING BOARD MEETING. INCOMPLETE APPLICATIONS WILL DELAY YOUR ATTENDANCE IN FRONT OF THE BOARD (**RECIPROCITY APPLICANTS CAN BE PROCESSED BY STAFF AS LONG AS IT IS COMPLETE**).

**MASTER ELECTRICIANS & MASTER PLUMBERS WILL BE REQUIRED TO PROVIDE PROOF OF A BUSINESS & LAW EXAM. ALL OTHER CLASSIFICATIONS WILL BE REQUIRED TO PROVIDE PROOF OF A BUSINESS & LAW EXAM IF EXAM WAS TAKEN AFTER FEBRUARY 1, 1993.

APPLICANTS FOR EXAM	APPLICANTS FOR RECIPROCITY
TEST RESULTS WILL BE SENT OUT TWO WEEKS AFTER THE EXAM.	BY PROVIDING THE FOLLOWING, THE CERTIFICATE OF COMPETENCY WILL BE ISSUED.
IF 75% IS ATTAINED, APPLICANT MUST FURNISH:	
1. PROOF OF GENERAL LIABILITY & WORKERS' COMP. INSURANCE	1. CERTIFICATE OF GENERAL LIABILITY & WORKERS' COMP. INSURANCE
2. STATE REGISTRATION DUE IN 30 DAYS (when applicable)	2. STATE REGISTRATION (when applicable)
3. BUSINESS TAX RECEIPT (LAST)	3. BUSINESS TAX RECEIPT (LAST)

	<u>EXPERIENCE REQUIREMENTS</u>	<u>FEES</u>
GENERAL CONTRACTOR	4 YEARS SUPERVISORY	\$250.00
BUILDING CONTRACTOR	4 YEARS SUPERVISORY	\$250.00
RESIDENTIAL CONTRACTOR	4 YEARS SUPERVISORY	\$250.00
PLUMBING CONTRACTOR	4 YEARS SUPERVISORY	\$250.00
ELECTRICAL CONTRACTOR	4 YEARS SUPERVISORY	\$250.00
HARV CONTRACTOR	4 YEARS SUPERVISORY	\$250.00
ROOFING CONTRACTOR	4 YEARS SUPERVISORY	\$250.00
SWIMMING POOL	4 YEARS SUPERVISORY	\$250.00
SPECIALTY CONTRACTOR	*CLASSIFICATION AND EXPERIENCE	\$175.00

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

**MAILING ADDRESS: MARTIN COUNTY CONTRACTORS LICENSING
900 SE RUHNKE STREET
STUART, FL 34994
PHONE: 772-288-5482**



**MARTIN COUNTY
CONSTRUCTION INDUSTRY LICENSING BOARD
900 SE RUHNKE STREET
STUART, FL 34994
(772) 288-5482
licensing@martin.fl.us**

APPLICATION FOR CERTIFICATE OF COMPETENCY

AMT PAID _____ CHECK NO _____ DATE REC'D _____
(CASH 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 NOT 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:

APPLYING FOR:

- | | | |
|--|-------------------------------------|----------------------------------|
| <input type="checkbox"/> GENERAL | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> POOL |
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING |
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> HARV | |
| <input type="checkbox"/> SPECIALTY _____ | | |

(WRITE IN)

ATTACH
RECENT
PHOTO

PLEASE CHECK ONE:

- EXAM RECIPROCITY FROM _____
(FILL IN COUNTY OR CITY)

APPLICANT'S FULL NAME _____
FIRST MIDDLE LAST

I AM QUALIFYING FOR A: LLC/SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION

NAME OF FIRM OR COMPANY _____
(MAY BE DECIDED LATER IF APPLYING FOR EXAM)

BUSINESS ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

APPLICANT'S TITLE _____ EMAIL _____

HOME ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

FL DRIVER'S LIC # _____

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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: (www.sunbiz.org)

PRES _____

V. PRES _____

SEC'Y _____

TREAS _____

YOU MUST ANSWER THESE QUESTIONS.

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

IF SO, 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, 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

Personally Known ___ Produced ID ___

Seal: _____
NOTARY PUBLIC

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

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AFFIDAVIT OF EXPERIENCE

(THIS IS INTENDED TO VERIFY IN-THE-FIELD EXPERIENCE, AND NOT CHARACTER REFERENCE)

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 _____ 20__ TO _____ 20__
MONTH MONTH

WHILE EMPLOYED HIS 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 return forms.