



Martin County Construction Industry Licensing Board Application for Certificate of Competency

Hover over form fields for instructions.

Instructions for submission: Email completed form to licensing@martin.fl.us
or send to Martin County Contractor's Licensing, 900 SE Ruhnke Street, Stuart, FL 34994

Instructions

An application is complete if it includes the following:

- Application fee payable by cash, check or credit card to Martin County Board of County Commissioners (See HB-735 and HB-1383 for licensing changes.)
- Recent photo of applicant no larger than 2.5" x 2.5"
- Completed affidavit of experience (Must be verified by a licensed contractor and signature must be notarized.)
- Three complete credit references, one of which must be a bank
- Resume (must account for the last five years of employment and correspond with the affidavit of experience)
- If the applicant wishes to qualify and do business as a corporation or LLC, furnish a copy of the election of current officers and corporate documents (sunbiz.org). May be submitted after attaining passing scores on the required exams
- This 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 provided the application is complete.**

Applicants for Exam

Applicant must attain a 75% passing grade for both Trade and Business & Law. Once passed, the applicant must furnish:

- Proof of general liability and worker's comp insurance
- State registration, when applicable (due in 30 days)
- Most recent business tax receipt

Applicants for Reciprocity

The certificate of competency will be issued when the following items are provided:

- Certificate of general liability and worker's comp insurance
- State registration (when applicable)
- Most recent business tax receipt
- Have the county in which you took the exam, send a "letter of reciprocity" directly to Martin County verifying that you have passed the prepared, proctored, and graded exam with a minimum score of 75%.

Experience Requirements

Certificate type	Requirement	Fee
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 Note: Requirement must be obtained from Martin County Code of Laws and Ordinances (Chapter 43) municode.com	\$175.00

Application Fee

The application fee must accompany this application and must be paid before the application is accepted by the Building Official and/or his designee. The application fee is not refundable after the application has been entered into the records.

Office Use Only

_____ **Paid by** ☐ Cash ☐ Check ☐ Credit card
 Amount paid _____ Check number _____ Date received _____

Applicant Information

Applicant name (first, middle, last)

Email

Phone number

Applying for (select one) ☐ Building ☐ Electrical ☐ General

☐ Plumbing ☐ Residential ☐ Roofing

☐ Specialty (specify) _____

HARV (select one) ☐ Residential (Class B) ☐ Commercial (Class A)

Pool (select one) ☐ Residential ☐ Commercial

Attach photo here

Applying for ☐ Exam ☐ Reciprocity _____
County or city (if reciprocity)

Home address

Street

City

State

ZIP Code

I am qualifying on behalf of: (select one) ☐ LLC ☐ Partnership ☐ Corporation

Name of firm or company (can be decided later if applying for exam)

Job title

Phone number

Business address

Street

City

State

ZIP Code

Limited Liability Company

Owner name

Street address

City

State

ZIP Code

Partnership

Partner name

Street address

City

State

ZIP Code

Partner name

Street address

City

State

ZIP Code

Corporation

If the business is a corporation chartered in the State of Florida, include a copy of its articles of incorporation and election of officers and complete the fields below (sunbiz.org).

President name

Street address

City

State

ZIP Code

Vice President name

Street address

City

State

ZIP Code

Applicant Information (cont'd)

Corporation (cont'd)

Secretary name	Street address	City	State 	ZIP Code
Treasurer name	Street address	City	State 	ZIP Code

Qualifying Agent

As qualifying agent, will you have any ownership in this firm? ☐ Yes ☐ No

If so, give details.

Will you be a full-time employee of this firm? ☐ Yes ☐ No

If not, give details.

List other licenses, if applicable

List education related to the classification you are applying for, including degrees or certifications attained

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.

Yes No

- | | | |
|-----------------------|-----------------------|--|
| ☐ | ☐ | 1. Undertaken construction contracts or work that a third party, such as a bonding company, completed or made financial settlements? |
| ☐ | ☐ | 2. Had claims or lawsuits filed for unpaid or past due accounts by your creditors as a result of construction operations? |
| ☐ | ☐ | 3. Undertaken construction contracts or work which resulted in liens, suits, or judgments being filed? |
| ☐ | ☐ | 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. |

Yes No

- ☐ ☐ 5. Made an assignment of assets in settlement of construction obligations for less than the debts outstanding?
- ☐ ☐ 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.
- ☐ ☐ 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.
- ☐ ☐ 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.

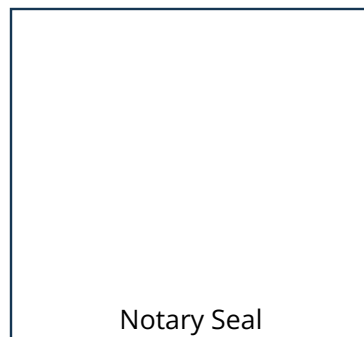
Signature & Notarization

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 ensuring 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.

Applicant signature & date

The foregoing Affidavit was acknowledged before me ☐ by physical presence ☐ online
by the above-named ☐ who is personally known to me or ☐ produced the following type of identification

ID information (if applicable) _____ on _____



Notary Seal

Notary Public

Notary signature & date

Include information for the last five years.

[illegible]

Credit References

List three credit references, including addresses and phone numbers. (They may be personal and at least one must be a bank.) They may be from out of state, but must be verifiable.

Reference name

Phone number

Street address

State



Zip

Reference name

Phone number

Street address

State



Zip

Reference name

Phone number

Street address

State



Zip

Signature

Under the provisions of the Martin County Code of Laws and Ordinances, Chapter 43, defining, regulating, and governing contractors within Martin County, Florida, I hereby apply for a certificate to qualify as a contractor in Martin County, Florida, under the classification indicated on page 3 of this form.

I authorize the Martin County Construction Industry Licensing Board and its agents to obtain information from any source regarding my application, including additional information concerning my experience.

I certify that, to the best of my knowledge, the above represents all information relative to the classification for which I am applying.

Applicant signature & date

Affidavit of Experience

This is to verify field experience. 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.

Company name Respondent name License number

Company address

Street City State  ZIP Code

The applicant named below is/was employed by the company in the role during the time period indicated below.

Applicant name Job title From (MM/YY) To (MM/YY)

Total length of time in the field while employed

Years Months

Description of responsibilities

I am qualified to verify that the above information is true and correct. **This section cannot be signed by the applicant.**

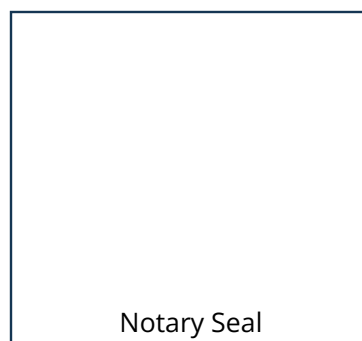
Verifier signature & date

Verifier license number

The foregoing Affidavit was acknowledged before me ☐ by physical presence ☐ online

by the above-named ☐ who is personally known to me or ☐ produced the following type of identification

ID information (if applicable) _____ on _____



Notary Seal

Notary Public

Notary signature & date