APPLICATION FOR CITY OF SANIBEL
Certificate of Competency Class III

I Applicant's Name: _____

Type of License or Certificate of Competency Requested _____

Home Address: _____
Street City State Zip

Mailing Address: _____
Street or PO Box City State Zip

E-mail address _____

Date of Birth _____Home Phone: ( ) _____

Office Phone: ( ) _____Fax Number: ( ) _____

II Company Name: _____

Name of company to be qualified, fictitious name used, or if no company name is now qualified, write "individual".

Street Address _____
Street or PO Box City State Zip

Mailing Address_____
Street or PO Box City State Zip

Office Phone ( ) _____ Fax Number: ( ) _____

III Your license will limit you to work <u>only</u> for contractors, per note below:

<u>TO LEGALLY CONTRACT DIRECTLY WITH THE GENERAL PUBLIC YOU ARE REQUIRED TO ALSO ATTEND AND COMPLETE THE "BUSINESS & LAW" COURSE AT PROMETRIC</u> or a letter of reciprocity confirming test scores promulgated from another jurisdiction.

IV A. Experience Verification:

Attach original notarized documents verifying that you have the necessary experience in the area covered by the certificate of competency you are seeking. These documents should be on forms provided by the department, completed by past or present employers; licensed and actively engaged in the construction services field.

B. At least three (3) acceptable letters of reference from past employers, customers or knowledgeable observers, not related to the applicant, having first hand knowledge of the applicant's trade abilities.

The Board can refuse to accept any statement: (1) that is not clearly an original document or (2) where the face of the document provides evidence that the statement has been changed from its original form.

V Current Licenses:

Please list any current Certificate of Competency or other construction licenses(s) you hold in Lee County or in any other jurisdiction (copies may be attached)

_____

_____

_____

VI Financial Responsibility:

All applicants must answer the following questions. If you answer "yes" to any of them, a full written explanation is required. If you are applying to qualify a corporation, partnership or other legal business entity, officers of that entity (e.g., president, vice president, secretary, partners or owner of proprietorship) must also provide an explanation if a "yes" answer to any of these questions pertain to them.

HAVE YOU (or a partnership in which you were a partner or an authorized representative, or a corporation in which you were an officer or an authorized representative) **EVER:**

YES	NO	
		Had claims or lawsuits filed for unpaid or past due accounts by your creditors as a result of construction operations?
		Undertaken construction contracts or work which resulted in liens, suits or judgments being filed which were not satisfied without damage or harm to any 3rd party?
		Had a lien filed against you by the U.S. Internal Revenue Service or Florida Tax Division?
		Made an assignment of assets in settlement of construction obligations for less than the outstanding debts?
		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, had a disciplinary action against your license?
		Filed bankruptcy, personal or business, in the last five (5) years? (*** Important,** see "Note" below)
		Been found guilty of any crime other than a traffic violation?

- **DID YOU ANSWER "YES" TO <u>ANY</u> OF THE ABOVE?** Any applicant answering yes to one of the financial responsibility questions must provide the Board with an explanation. The explanation should be a written statement outlining the steps the applicant has taken to prevent a recurrence of the circumstances leading to the conviction, judgment, discipline, bankruptcy or other involvement. The applicant is also required to attach any applicable proof of payment, satisfaction of lien or judgment, bankruptcy discharge or agreements for payment.
- **NOTE: DID YOU PREVIOUSLEY FILE BANKRUPTCY?** If you have previously filed bankruptcy you should be sure that all of your creditors show no outstanding or unpaid balance on your credit report. You may have to obtain and provide the Contractor Review Board with additional information if any account listed in your credit report shows an outstanding or unpaid balance that you believe was discharged by your Bankruptcy. **Additional information should be included with this application.**

VII Qualifying a Company name or operating in your Individual Name on your license:

SECTION A MUST BE COMPLETED BY ALL APPLICANTS

I (applicant's name)_____, acknowledge that in accordance with the City of Sanibel Contractor Review Board, I am personally responsible for all of the financial affairs of the business I am applying to qualify. I realize that this includes "financial matters", both for the organization in general and for each specific job.

_____

Applicants Signature

SECTION B MUST BE COMPLETED BY ALL APPLICANTS OPERATING AS A COMPANY OR CORPORATION

1. Sole Proprietorship – Owner must sign
2. Partnership – A partner must sign
3. Corporation – Corporate secretary must sign
4. Individual name – Mark N/A

At a meeting of (Company Name) _____, held on _____ day of _____ _____, 20___. (Name of Applicant) _____ was legally appointed as the qualifier to act for the business organization in all matters connected with its contracting business, and was given authority to supervise construction undertaken by the business.

_____

Signed by Secretary, Partner or Owner

VIII Corporations:

Attach a copy of the Annual Report Form filed with the Florida Secretary of State or, if your corporation is newly established, attach a copy of the Florida Certificate of Incorporation and the page listing the corporate officers. *If you are not a corporate officer in the corporation you wish to qualify, a Resolution of Authorization must be completed; contact the contractor licensing office for the required form.*

IX Fictitious Name:

Attach a copy of the recorded Fictitious Name Registration and Ownership form from the Division of Corporations (This does not apply to corporations using their registered name.) Fictitious name Registration may be obtained by contacting Fictitious Name Registration, P.O. Box 6327, Tallahassee, FL 32314, (850) 245-6096. *If you are not a partner or owner in the company you wish to qualify, a Resolution of Authorization must be completed; contact the contractor licensing office for the required form.*

X Photographic Identification:

Attach to this application a copy of your driver's license or other official state identification that contains a photograph.

XI Previous Certificates:

YES	NO	
		Have you ever been granted a Lee County Certificate of Competency? License number: _____ Certificate Category
		Did you voluntarily relinquish this license?
		Did you allow this license to lapse after it was placed on involuntary inactive status? A City of Sanibel Certificate of Competency can be placed on involuntary inactive status for (1) failure to renew the license; (2) failure to maintain liability insurance; or (3) failure to maintain workers' compensation insurance (or an exemption). (If appropriate action is not taken within 6 months of the date the license if placed on inactive status, the license lapses.)
		Was the license revoked or suspended? If yes, attach an explanation of the steps you have taken to avoid a similar occurrence in the future and proof of compliance with any final order against you regarding this license.
		Have you ever been issued a license by a jurisdiction outside Lee County that was revoked, suspended or voluntarily relinquished? If, yes, attach an explanation of the circumstances involved.

XII Verification of General Liability Insurance and Workers' Compensation (or Exemption from Workers' Compensation Law) Insurance:

I have or will obtain public liability and property damage insurance in the amounts required by the City of Sanibel Contractor Review Board Ordinance 04-005 for the business organization I am applying to qualify. I further certify that I have or will obtain Workers' Compensation insurance in accordance with the Construction Ordinance and F.S. Ch 440. I will maintain such insurance for the safety and welfare of the public at all times that my certificate is active. I understand that I may be required to submit proof of insurance or an accepted exemption (for workers' compensation) at any time. I affirm that these statements are true and correct and I recognize that providing false information may result in a fine, suspension or revocation of my contractor's license.

Applicant's Signature: _____ Date: _____

XIII Organizational Relationships:
Do you qualify or own a business other than the one you are applying for? Yes _____ No _____

If yes, please contact the department for guidelines to qualify more than one business.

XIV Federal Employer Identification Number:
Note: All corporations must have a number.

Federal Employer Identification Number: _____

XX Certification:

I hereby certify that all of the information in this application is true and correct to the best of my knowledge. As a basis for the grant of licensure, I agree to comply with all codes, laws and regulations applicable to my trade and I will not undertake any work that is outside the scope of the license I have been granted. I understand that any misrepresentation with respect to the information provided in this application, or future submissions applicable to retaining any licensing granted to me, may be grounds for the denial or revocation of my City of Sanibel Certificate of Competency.

_____
Applicant's Signature

State Of _____
(The State and County of execution must be filled in by the Notary Public)
County Of _____

Under oath, before me this _____ day of _____, 200____, _____ who is personally knows to me, or who has produced _____ as identification, stated the foregoing facts were true.

_____
Notary Public

_____
Stamp or Seal

Application Review:
Your application should be complete at the time it is submitted to the Contractor Licensing Office. Failure to submit a complete application may delay review or result in a denial of your application. You will be scheduled for the next available Contractor Review Board Meeting after receipt of your complete application however; all material must be received ten (10) days prior to the board meeting. The Contractor Review Board will review your application at a regularly scheduled meeting. (Meetings are at 4:00pm the first Thursday of each month at MacKenzie Hall, 800 Dunlop Road, Sanibel, FL 33957.) You will receive a letter confirming the date and time your application will be presented to the Contractor Review Board. City Ordinance requires you to be present at this meeting to address any questions the Board may have concerning your application. ***Applications are valid for 6 months from date received. Applicant's failure to appear in front of the Board to answer questions will result in a denial of your application. In order to be prepared for this meeting, you should retain a complete copy of this application.***

Verification of Construction Experience

City of Sanibel
800 Dunlop Road, Sanibel FL 33957

Applicants Name: _____

Certificate/Trade Category Requested: _____

The Applicant is seeking a City of Sanibel Certificate of Competency in the trade indicated above. As part of the application for this certificate the Applicant must verify their experience within this trade. You are being requested to provide information that will aid the Applicant in meeting this requirement. *You should verify time of active experience working for you as an apprentice or a skilled worker (e.g., as a worker commanding the wage of mechanic or better in the trade). Time served solely in a supervisory or administrative role should be described, but may or may not be considered sufficient to demonstrate required trade experience.* **The following information must be provided by the person verifying trade experience for the above-named applicant.**

Name: _____
(Name of the persons signing below and verifying the Applicants relevant experience)

Title: _____ License Number: _____
(I.e., Owner, Supervisor, Etc.)

Name of Company or Business: _____

Company or Business Address:_____
Street or PO Box City State Zip

Business Office Phone: (____)_____

The Applicant was employed by me from _____/_____ to _____/_____

The Applicant's scope of work (specific duties while employed by me included: _____

_____

_____

Additional Comments: _____

_____

Licensed Contractors: Falsifying any information provided herein may subject your license to revocation

_____
(Signature of Person(s) providing the Statement)

State of _____

County of _____

Under oath, before me this _____ day of _____, 200___,

_____
(Name of Person providing the statement)

who is personally known to me, or who has produced _____ as identification, stated the foregoing facts were true.

_____
Stamp or Seal Notary Public

City of Sanibel
Credit Report

You must supply the following Credit report(s):

A personal and company credit report needs to be ordered from **Merit Credit**, 12734 Kenwood Lane #85, (239) 277-3202. If your company is newly established, you must also submit letters from construction related suppliers indicating that an account either exists or has been opened for the entity you are applying to qualify.

- **Credit reports must have the credit score on the report.**
- **Public records pertaining to judgments, bankruptcies and tax liens must be searched and results noted on the credit report.**
- **Original reports must be submitted from Merit Credit; no faxes or copies will be accepted.**
- **The credit report must not be more than six (6) months old.**

IMPORTANT: If the public records reflect unsatisfied obligations, attach a written explanation and legal documentation with the credit report. The credit report should reflect officers, partners and proprietors.

IMPORTANT NOTE IF YOU PREVIOUSLY FILED BANKRUPTCY: If you have previously filed Bankruptcy you should be sure that all of your creditors show no outstanding or unpaid balance on your credit report. You may have to obtain and provide the Contractor Review Board with additional information if any account listed in your credit report shows an outstanding or unpaid balance that you believe was discharged by your Bankruptcy. **Additional information should be included with this application.**

YOU MUST COMPLETE THE FOLLOWING STATEMENT:

A credit report for _____
(Applicants name and name of business organization being qualified)

was requested on _____ to be sent from **Merit Credit.**
(Date)