



APPLICATION FOR CITY OF SANIBEL Certificate of Competency Class I

I Applicant's Name: _____

Type of License or Certificate of Competency Requested _____

Home Address: _____
Street City State Zip

E-mail address _____

Date of Birth: _____ Home Phone: () _____

Cell 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

E-mail address _____

Office Phone () _____ Fax Number: () _____

III Exam Verification:

Acceptable proof includes a letter of reciprocity from the sponsoring jurisdiction confirming the test scores or from Florida Department of Business Professional for a State Registered License.

IV Experience Verification:

At least three 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. These letters of reference shall address and positively endorse the applicant's knowledge, experience and ability as a contractor in his trade. Such letters shall be notarized or verifiable to include address and contract phone number of the reference for authentication, before the License Administrator can consider such letters.

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

State of _____

(Signature of Person(s) providing Statement)

County of _____

Under oath, before me this ____ day of _____, 20____, _____
(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

V Current Licenses:

Please list any current Certificate of Competency or other contractor 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 3 rd 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 ANY 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 to the Licensing Administrator 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 the 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 Construction Contractor Ordinance, 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 from www.sunbiz.org and the page listing the corporate officers. If you are not a corporate officer in the corporation and 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 www.sunbiz.org 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 is 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 Code of Ordinances, Chapter 14 - Buildings and Building Regulations, Division 2) 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 Contractor 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 _____, 20____, _____ 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:

The Licensing Administrator shall only consider completed applications.

Applications are valid for 6 months from date received.

City of Sanibel

Credit Report

You must supply the following Personal Credit report:

- Credit report must have the credit score on the report.
- Public records pertaining to judgments, bankruptcies and tax liens must be searched and results on the credit report.
- Original reports must be submitted.
- 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.

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 to the Licensing Administrator 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 and should be included with this application.