

**APPLICATION
FOR CHANGE OF STATUS**
Lee County Development Services, Attention: Contractor Licensing
P.O. Box 398, Fort Myers, Florida 33902
Phone (239) 533-8895

I Applicant's Name _____

License Number _____ Certificate Category _____

Home Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

E-Mail Address _____ Date of Birth _____

Home Phone () _____ Office Phone () _____ Fax _____

II Business No Longer Qualified

(If no company name will be used, write "individual") _____

Street Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Office Phone () _____ Fax _____ FEIN _____

III Business Applicant Will Qualify

(If no company name will be used, write "individual") _____

Street Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Office Phone () _____ Fax _____

IV Federal Employer Identification Number

Note: If the company has no employees, write your social security number. All corporations must have a number.

FEIN: _____

V Certificate Status

Did you voluntarily place your certificate of competency on inactive status? Yes ____ No _____

If no, a \$10 administrative fee is required to process this application, in addition to all other applicable license fees.

VI Financial Responsibility

All applicants must answer the following statements. 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 (president, vice president, secretary, partners or owner of proprietorship) of that entity 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	
		Undertaken a construction contract or work that a third party, such as a bonding or surety company, completed or made financial statements on?
		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 years?
		Been found guilty of any crime other than a traffic violation?

NOTE: 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 event involved. The applicant is also required to attach any applicable proof of payment, satisfaction of lien or judgment, bankruptcy discharge or agreements for payment.

VII Qualifying A Company

Both sections "A" & "B" must be completed if you are going to qualify a company, including individual proprietorship. The owner or partner must sign if partnership. If you are qualifying a corporation, the secretary must sign. If you will be operating in your individual name, complete section B only (write N/A in all blanks of section A).

A) At a meeting of (Company Name) _____, held
on the ____ day of _____, _____, (Name of Qualifier) _____

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

B) I (Applicant's Name) _____, acknowledge that in
accordance with the Lee County Construction Licensing 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.

Signature of applicant

VIII Organizational Relationships

Do you qualify or own a business other than the one you are applying to qualify? Yes ___ No ___
If yes, please contact the Division for guidelines to qualify more than one business.

IX Corporations or Limited Liability Corporation

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, an authorization resolution must be completed; contact the contractor licensing office for the required form.*

X 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 packets may be obtained at the contractor licensing office or by contacting Fictitious Name Registration, P.O. Box 1300, Tallahassee, FL 32303-1300 (850) 488-9000. *If you are not a partner or owner in the company name you wish to qualify, an authorization resolution must be completed; the form is attached to this application for your convenience.*

XI Verification of General Liability Insurance and Worker's Compensation (or Exemption from Worker's Compensation Law) Insurance

DO NOT SEND A CERTIFICATE OF INSURANCE OR EXEMPTION AT THIS TIME

I have or will obtain public liability and property damage insurance in the amounts required by the Lee County Construction Licensing Ordinance 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 Licensing 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 _____

XII Credit Report

A credit report on your credit rating must be submitted as part of this application. Please supply the following credit reports: (Only original reports, not more than six (6) months old, from a Nationally recognized credit reporting agency will be accepted. No faxes or copies)

1. Credit report in your individual name (required by all applicants)
2. Credit report in the company name you are applying to qualify (required if the date on the corporation or fictitious name documents is more than forty-five (45) days old) 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.
3. Credit report in any business you currently own or qualify or any business you owned or qualified within the past five (5) years.

The credit report will need to include the BEACON score for the Individual credit, it will not show on the company credit.

Credit agencies generally require written authorization to accurately check your credit references. It is your responsibility to provide them with this authorization. **Public records pertaining to judgments, bankruptcies and tax liens must be searched and results noted on the credit report.** If the public records reflect unsatisfied obligations, attach a written explanation and legal documentation to the credit report or provide a copy to the Division. The credit report should also reflect officers, partners and proprietors, their Social Security numbers and the FEIN. If the credit report is not attached to the application you may have the credit agency send the credit report directly to: **Lee County Development Services, Attention: Contractor Licensing, P.O. Box 398, Fort Myers, Florida 33902** and complete the following statement:

A credit report for _____
Individual and/or name of business organization being qualified was requested on _____ To
be sent from _____

The Construction Licensing Board will not accept a credit profile or a financial statement. A credit report from the Internet may not be acceptable.

XV 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 the 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 Lee County Certificate of Competency.

Applicant's Signature

XIII Certification

Under penalties of perjury, I declare that I have read the forgoing document and that the facts stated in it are true.

Applicant

Date

If the Construction Licensing Board approves your application a letter will be forwarded to you stating any additional information required prior to issuance of a Competency Card.

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 hearing after receipt of your complete application. However, all material must be received ten (10) days prior to hearing date. The Construction Licensing Board will review your application at a regularly scheduled meeting. (Meetings are at 6:00 P.M., the first Tuesday and third Thursday of each month at 1825 Hendry Street, Fort Myers, FL. 33901 on the second floor.) You will receive a letter confirming the date and time your application will be presented to the Construction Licensing Board. County regulations require that you be present at this meeting to address any questions the Board may have concerning your application. Failure to attend this meeting to answer questions may result in a denial of your application. In order to be prepared for this meeting, you should retain a complete copy of this application.

State Registration

Master Electricians, Alarm System Contractor I, Alarm System Contractor II, Aluminum Specialty Structure and Drywall contractors are required to register with the Department of Business and Professional Regulation prior to receiving a Lee County Competency Card.

RESOLUTION OF AUTHORIZATION

WHEREAS _____ proposes to
(Name of Business Entity)
engage in contracting as _____ in Lee County, Florida,
(type of legal, corp., partnership etc.)
according to Lee County Ordinance 00-26; and

WHEREAS _____ proposes to qualify for a
(Name of Business Entity)
Certificate of Competency with _____ .
(Name of Individual)

NOW, THEREFOR, BE IT HEREBY RESOLVED THAT:

We the undersigned _____ of _____
(officers, owners, partners)
_____ hereby resolve and represent to the
(Name of Business Entity)
Lee County Construction Licensing Board that as the qualifying agent, _____,
(Name of Individual)
is active in all matters connected with the contracting business of _____
(Name of Business Entity)
_____, and

We further resolve and represent that _____ is legally
(Name of Individual)
empowered to act for _____ in all matters connected
(Name of Business Entity)
with its contracting business, and has the authority to supervise construction undertaken by

(Name of Business Entity)

DULY PASSED AND ADOPTED THIS _____ day of _____, 20__

Witness	(Officers, Partners, Owners – with Designation underneath)
_____	_____
_____	_____
_____	_____

Corporate Seal (if Applicable)

Sworn to and Subscribed before me this _____ day of _____, 20__ by _____

Notary Public Name Printed _____
Commission Number _____
My commission expires: _____

Notary Public Signature