

Okeechobee County Planning and Development Department
Construction Industry Licensing Board
Application for a Certificate of Competency
1700 NW 9th Avenue Suite A, Okeechobee, FL 34972
(863) 763-5548 Fax # (863) 763-5276

General information and instructions

This application, including credit reports and insurance certificates, must be received by the cutoff date to be on the agenda of a regularly scheduled board meeting (Call for the Date). The Licensing Board meets the 1st Tuesday of every month @ 3:30 pm (with a few exceptions). Meetings are held in the Okeechobee County Health Department Auditorium 1728 NW 9th Avenue. It is advisable to attend the meeting or have a representative present. ****Reciprocity will not require board approval.**

Applicant's Name: _____ Business Name: _____

Business Address: _____

Business Phone # () _____ Business Fax # () _____

Home Address: _____

Home Phone # () _____ Cell Phone # () _____

Social Security # _____ /Driver License # _____
Fax # () _____

Citizen of the United States () Yes () No

Type of license applying for:

Examination needed: () Yes () No ****Letter of reciprocity included: () Yes () No**

This application must be accompanied by at least:

Journeyman Application Fee: \$75.00 - Journeyman Yearly License Fee \$30.00

New Application before the Board - \$150.00 (non-refundable)

Reciprocity Application Fee \$150.00

County License License Fee \$75.00 (1 years)

3 **Notarized** letters of recommendation, from responsible individuals who have knowledge of your capabilities.

3 letters from credit sources, such as banks or supply houses.

2 credit reports, 1 business and 1 personal, (New business: 1 personal) obtained by an independent credit agency.

Copies of other competency cards and a copy of Registration with Department of Business and Professional Regulation.

General Liability Insurance/Worker's Compensation Insurance: **Okeechobee County-Certificate Holder**
(please provide copy of exemption form if W/C exempt)

If currently running a business, a copy of your current business tax receipt (formerly occupational license).

A copy of an application/certification for Corporation or Fictitious name from the State of Florida.

If applicant is a firm, show the names and addressed of all directors and officers and their interest therein:

How many years of experience in the trade? _____

Date of birth _____ High school _____ College _____ Trade School _____

Have you ever been convicted of a felony during the past 5 years? _____ If yes, please explain

After attaining a minimum grade of 70%, the following is required as specified in Appendix "B":

Certified & Registered Contractors - Minimum amount of \$100,000/300,000 public liability \$25,000 property damage liability or 300,000 combined single limit for any occurrence.

Specialty contractor's \$25,000/50,000 public liability and \$10,000 property damage or \$50,000 combined single limit for any occurrence.

Worker's Compensation insurance or an "accepted" state exemption form will be excepted. Certificates of Insurance must be in the exact name of the firm being qualified and reflect the Construction Industry Licensing Board of Okeechobee County as the certificate holder.

The undersigned also certifies that he will act only for himself, for that he is legally qualified to act on behalf of the business organization sought to be certified in all matters connected with contracting business.

STATE OF _____
COUNTY OF _____

Applicant is known to be the person herein described and subscribing hereto, and on oath deposes and says that the statements made are true and correct. Sworn to and subscribed before me this day of _____ 20_____. Personally known () or produced as identification.

Signature of Applicant

Printed name of Applicant

Signature of Notary

(Seal)

SPECIAL SCHOOLING: ATTACH SCHOOL CERTIFICATES, APPRENTICE COMPLETION, OR OTHER DOCUMENTS TO SUBSTANTIATE SCHOOLING, OR SPECIAL TRAINING.

WORK HISTORY

Name _____ of _____ employer _____ :
From _____ To _____ Address _____
Job Title _____ Specific duties performed _____
Name _____ of _____ employer _____ :
From _____ To _____ Address _____
Job Title _____ Specific duties performed _____
Name _____ of _____ employer _____ :

From _____ To _____ Address _____
 Job Title _____ Specific duties performed _____
 Name _____ of _____ employer _____ :
 From _____ To _____ Address _____
 Job Title _____ Specific duties performed _____

Use additional sheet if needed

I hereby certify that the foregoing statements are true and correct to the best of my knowledge.

 Signature

STATE OF _____
 COUNTY OF _____

Sworn and subscribed before me this _____ Day of _____, 20_____.

SEAL

 Notary Public, State of _____

Type, Print _____
 Personally Known _____ Produced Identification
 Type _____

MY COMMISSION EXPIRES

AFFIDAVIT

Okeechobee County Planning
 & Development Department
 499 NW 5th Avenue
 Okeechobee, Florida 34972

Applicant _____
 Address _____
 Classification _____

THIS IS NOT FOR USE AS A CHARACTER REFERENCE

The person certifying to his knowledge of the experience of the applicant above named shall complete the form below.

I, _____, certify that I have employed

from _____ to _____ and that I know of own direct knowledge that said applicant was employed as followed:

DESCRIBE IN DETAIL:

Position _____ held _____ (include _____ dates):

Work performed _____ (include _____ dates to _____ correspond, _____ be _____ specific):

Type of building, structures, projects or job worked on (include dates, be specific): _____

Other pertinent information (include dates): _____

On this _____ day of _____ 20____ at _____, Florida. I certify under penalty of perjury that the foregoing is true and correct.

STATE OF _____

COUNTY OF _____

Employer

Signature of

Sworn to and subscribed before me this _____ day of _____, 20____.

Name of Company

Address

Notary Public, State of

License Number

Print or type _____
personally known _____ Produced identification _____
type _____

MY COMMISSION EXPIRES: