

Okeechobee County Community 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

This application has been reviewed by the Building Official and is:
APPROVED or DENIED.

Building Official Signature

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 dates. 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: _____

City: _____ State: _____

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

Email Address: _____

Type of license applying for: _____

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

This application must be accompanied by at least:

- New Application before the Board - \$150.00 (non-refundable)
- Reciprocity Application Fee \$150.00
- County License Fee in Addition to Application Fee: \$75.00 (1 year) or \$150.00 (2 years)

THE FOLLOWING DOCUMENTS ARE REQUIRED WITH APPLICATION SUBMITTAL:

- 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.

- Copy of Qualifier's drivers license.
- 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 addresses 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 been convicted of a felony during the past 5 years? _____ If yes, please explain _____

After attaining a minimum grade of 75%, 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 contractors \$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 they will act only for themselves, for that they are 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 above and foregoing statements are true and correct to the best of my knowledge.

Applicant Signature

STATE OF _____
COUNTY OF _____

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

SEAL

MY COMMISSION EXPIRES

Notary Public
Type, Print _____
Personally Known _____
Produced Identification _____
Type, Print _____

AFFIDAVIT

Okeechobee County Community
Development Department
1700 NW 9th Avenue, Suite A
Okeechobee, Florida 34972

Applicant _____
Address _____
Classification _____

THIS IS NOT FOR USE AS A CHARACTER REFERENCE

The person certifying to their 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 my 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 above and foregoing is true and correct.

Signature of Employer

Name of Company

Address

STATE OF _____
COUNTY OF _____

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

SEAL

MY COMMISSION EXPIRES

Notary Public
Type, Print _____
Personally Known _____
Produced Identification _____
Type, Print _____

License Number