



This application is ONLY for the Contractors that have an active license in the City of Port St Lucie and/or the City of Fort Pierce and are looking to reciprocate in St. Lucie County

Contractor Licensing Department, 2300 Virginia Ave, Ft Pierce, FL 34982
Phone: (772) 462-1672 Fax: (772) 462-1148, email: Contractor_Licensing@stlucieco.org
http://www.stlucieco.org/planning/contract_licen.htm

1. **Application** – Completely filled out, no blanks (please see attach application pages 1-5)
2. A Full Faced View Photograph 2"x2" of Applicant - **NO COPIES**
3. A clear copy of the applicants **Driver's License**.
4. **Application Fee:** \$150.00 (Subject to change) (checks and money orders should have the driver's license number of the person making the payment and make checks payable to St. Lucie County.)
5. **A letter of reciprocity from the sponsored jurisdiction** for those applicants who have obtained a grade of 70.0% or higher. When submitted, the date of the competency examination shall not be older than five (5) years. If the date of the competency examination is older than 5 years please contact staff for further instructions.

A letter of reciprocity shall not be older than six (6) months.

If St. Lucie County Sponsored the applicants and the dates are not older than five years, the test scores will automatically be added to the file. If it's older than 5 years, please contact staff for further instructions.
6. Must provide a copy of a **valid and current certificate** of competency issued by the City of Port St. Lucie **or** the City of Fort Pierce.
7. A **Financial Statement** that is signed and dated and not over six (6) months old. The enclosed Examining Boards approved Financial Statement may be completed & submitted. (Page 7)

If the application is for a CORPORATION, only a Corporation Financial statement is required.

If the application is for a SOLE PROPRIETOR, a Personal Financial Statement is required.

The financial statement submitted must reflect current net worth requirements for category being applied for and must be notarized

8.	Provide a current and valid Certificate of Insurance General Liability and Workers' Compensation. (The certificate of insurance shall be as prescribed by County Code of Ordinances and Compiled Laws and the Florida Construction Industry Licensing Board.) The Certificate should contain:
a.	Policy Number, Effective Date & Expiration Date
b.	Cancellation Statement shall be completed and signed by Insurance Agent
c.	<u>Certificate Holder should read</u> St. Lucie County Contractor Certification 2300 Virginia Avenue Fort Pierce, Florida 34982
d.	The Certificate of Insurance shall be with an Insurance Company authorized to do business in the State of Florida and reflect coverage for the State of Florida .
e.	Please make sure that the Business Name, Workers' Compensation/Liability "Insured" name and the State License name (if applicable) all match <u>EXACTLY</u> .
	(Please see the description of your trade to determine the insurance coverage requirement.)

9.	<p>A Credit Report is required. THE CREDIT REPORT SHOULD BE ADDRESSED TO:</p> <p style="text-align: center;">ST. LUCIE COUNTY CONTRACTOR CERTIFICATION 2300 VIRGINIA AVENUE FORT PIERCE, FL 34982</p> <p>THE ORIGINAL CREDIT REPORT NEEDS TO BE MAILED BY THE CREDIT BUREAU DIRECTLY TO ST. LUCIE COUNTY CONTRACTOR CERTIFICATION. A Credit Report cannot be used if it is over six (6) months old. <u>All CREDIT REPORTS WILL NEED TO CONTAIN A PUBLIC RECORDS CHECK AND CONTAIN SUFFICIENT CREDIT INFORMATION SO THAT THE COUNTY EXAMINING BOARD MAY DETERMINE AN ACCURATE CREDIT STATUS.</u></p> <p><u>If the application is for a CORPORATION, only a Corporation CREDIT REPORT is required.</u></p> <p><u>If the application is for a SOLE PROPRIETOR, a Personal CREDIT REPORT is required.</u></p>
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This application will be administratively approved as long as everything on the checklist has been submitted
The application will be added to the next Contractor Licensing Board agenda for record keeping purpose.

ST. LUCIE COUNTY APPLICATION

APP FEE	\$150.00	DATE APPLIED:		CERTIFICATE #:	
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DO NOT WRITE ABOVE THIS LINE

INSTRUCTIONS:

PAYMENT IS REQUIRED AT THE TIME OF SUBMITTING AN APPLICATION TO COUNTY EXAMINING BOARD. **APPLICATION FEES ARE NOT REFUNDABLE. ALL CHECKS WILL BE MADE PAYABLE TO: ST. LUCIE COUNTY.** THE APPLICATION IS AN AGREEMENT AUTHORIZING THE EXAMINING BOARD TO OBTAIN ANY ADDITIONAL INFORMATION CONCERNING THE APPLICANT'S APPLICATION. THIS INFORMATION MAY CONCERN THE APPLICANT'S FINANCIAL, CREDIT, COLLECTIONS, TAX LIEN STATUS, AND JUDGMENTS. A CONVICTION OF A FELONY IN THE LAST FIVE YEARS MAY RESULT IN A DENIAL OF YOUR LICENSE, PER ST. LUCIE COUNTY CODE OF ORDINANCES.

(CHECK ONE) CONTRACTOR TYPE		
(1)	GENERAL	
(2)	BUILDING	
(3)	RESIDENTIAL	
(4)	PLUMBING	
(5)	ELECTRICAL	
(6)	A/C	
(7)	SPECIALTY Name the Trade	

PLEASE PLACE PHOTOGRAPH OF APPLICANT HERE. PHOTO MUST BE FULL-FACED VIEW APPROXIMATELY 2" x 2". A CLEAR & RECOGNIZABLE LIKENESS.

APPLICANT'S NAME									
	FIRST			MIDDLE			LAST		
HOME ADDRESS:									
	STREET ADDRESS OR PO BOX				CITY		ST	ZIP CODE	
HOME NUMBER				Email:					
DATE OF BIRTH		GENDER	() MALE		CITIZEN OF THE UNITED STATES	() YES			
			() FEMALE			() NO			
If NO, please provide proof of authorization from the US Dept. of Immigration and Naturalization to work in the United States.									

FLORIDA DRIVERS LICENSE # OR VALID ID	
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BUSINESS TYPE:	() SOLE PROPRIETOR	() INDIVIDUAL	() CORPORATION
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BUSINESS NAME:									
MAILING ADDRESS:									
	STREET ADDRESS OR PO BOX				CITY		ST	ZIP CODE	
PHONE NUMBER:				Email:					
FAX NUMBER				TITLE			# OF YEARS		

1. GIVE HISTORY OF YOUR EXPERIENCE IN THE CONSTRUCTION BUSINESS DURING THE LAST TEN (10) YEARS. (PLEASE STATE LENGTH OF TIME IN EACH FIELD AND EMPLOYER.)

2. LIST NAME AND ADDRESSES OF ALL BUSINESSES APPLICANT OWNS OR HAS OWNED IN THE PAST FIVE (5) YEARS.

3. MATERIAL SUPPLIERS WITH WHICH YOU REGULARLY DO BUSINESS. (IF YOU CANNOT COMPLY, SUBSTITUTE TWO OTHER SIMILAR BUSINESS REFERENCES), WITH NAMES AND ADDRESSES:

4. I AM NOW DULY LICENSED AS A _____ CONTRACTOR IN THE FOLLOWING MUNICIPALITIES: **(LEAVE BLANK IF NO LICENSE HELD) DO NOT LIST OCCUPATIONAL LICENSE NUMBERS.**

<u>NAME OF MUNICIPALITIES</u>	<u>COMPETENCY NUMBER</u>

(QUESTIONS 1 THRU 5 TO BE ANSWERED BY **APPLICANT/QUALIFIER**) IF YOUR ANSWER IS YES TO THE FOLLOWING QUESTIONS, PLEASE EXPLAIN THE CIRCUMSTANCES IN DETAIL ON A SEPARATE ATTACHED SHEET:

1. HAVE YOU EVER BEEN A MEMBER OF A FIRM, WHICH FAILED TO PAY ALL SUBCONTRACTOR'S, MATERIAL SUPPLIES, OR LABORERS ON CONTRACT?

YES	
NO	

2. HAVE YOU EVER BEEN A MEMBER OF A FIRM, WHICH HAS FAILED TO COMPLETE A CONTRACT?

YES	
NO	

3. HAVE YOU EVER HAD A LIEN FILED AGAINST YOU, AS A CONTRACTOR OR YOUR BUSINESS?

YES	
NO	

4. HAVE YOU EVER BEEN CONVICTED OR PRESENTLY CHARGED WITH A MISDEMEANOR INVOLVING MORAL TURPITUDE OR A FELONY WITHIN THE LAST FIVE (5) YEARS?

YES	
NO	

5. HAVE YOU EVER HAD YOUR CERTIFICATE OF COMPETENCY SUSPENDED OR REVOKED? HAS THE DEPARTMENT OF PROFESSIONAL REGULATION SUSPENDED OR REVOKED YOUR CERTIFICATION OR REGISTRATION?

YES	
NO	

"I CERTIFY THAT I WILL ACT FOR THE PARTNERSHIP, FIRM OR CORPORATION FOR WHICH I AM THE QUALIFIER, IN ALL MATTERS CONCERNING THE CONTRACTING BUSINESS, AND I WILL ACTIVELY SUPERVISE ALL CONSTRUCTION WORK AND BE RESPONSIBLE FOR ASCERTAINING THAT ALL SUCH WORK IS COMPLETED ACCORDING TO APPROVED PLANS, APPLICABLE BUILDING CODES AND GOOD CONSTRUCTION STANDARDS. I WILL IMMEDIATELY NOTIFY THE ST. LUCIE COUNTY EXAMINING BOARD IF I SEVER BUSINESS CONNECTIONS, WITH THE PARTNERSHIP, FIRM OR CORPORATION CONCERNED IN THIS APPLICATION, OR AM NO LONGER ACTIVELY SUPERVISING THE CONSTRUCTION WORK. I WILL IMMEDIATELY NOTIFY THE ST. LUCIE COUNTY EXAMINING BOARD OF ANY CHANGE IN MY BUSINESS STATUS AND/OR IN MY CONTRACTORS' STATUS, FROM THAT STATED IN THIS APPLICATION. I UNDERSTAND THAT SHOULD I HAVE A CHANGE IN MY BUSINESS STATUS AND/OR A CHANGE IN MY CONTRACTORS' STATUS, I AM REQUIRED TO SUBMIT A NEW APPLICATION TO THE EXAMINING BOARD TO REFLECT MY CHANGE IN STATUS. I FURTHER UNDERSTAND THAT MY NEW APPLICATION WILL BE PROCESSED IN THE SAME MANNER AS MY INITIAL APPLICATION AND ALL REQUIRED DOCUMENTS SHALL BE PROVIDED. I SHALL NOTIFY THE EXAMINING BOARD OF ALL CHANGES IN MY BUSINESS AND HOME MAILING ADDRESSES AND TELEPHONE NUMBERS INCLUDING CHANGES IN ZIP CODES AND TELEPHONE AREA CODES."

AFFIDAVIT

TO BE ATTESTED TO BEFORE A NOTARY PUBLIC:

STATE: _____

COUNTY: _____

BEFORE ME, AN OFFICER DULY QUALIFIED TO ADMINISTER OATHS AND TAKE ACKNOWLEDGEMENT, PERSONALLY APPEARED _____, KNOWN TO ME TO BE THE PERSON HEREIN DESCRIBED AND SUBSCRIBING HERETO, AND ON OATH DEPOSES AND SAYS: THAT THE STATEMENTS MADE IN THIS APPLICATION, TO THE BEST OF HIS/HER KNOWLEDGE, ARE TRUE AND CORRECT.

STATE OF FLORIDA
COUNTY OF _____

The forgoing instrument was acknowledge before this
____ day of _____, 20 ____ by
_____, who is
personally known to me or has produced _____
_____ as identification.

Signature of Applicant

Signature of Notary

FINANCIAL STATEMENT

Statement of Financial Condition of:			
Complete Name			
<u>If the application is for a CORPORATION, only a Corporation Financial statement is required.</u>			
<u>If the application is for a SOLE PROPRIETOR, a Personal Financial Statement is required</u>			
CURRENT ASSETS	AMOUNT	CURRENT LIABILITIES	AMOUNT
Cash in Bank	\$	Accounts Payable	\$
Notes/ Accounts Receivable	\$	Notes Payable in Bank	\$
Inventory	\$	Other Notes Payable	\$
U. S. Government Securities	\$	Notes Receivable Discounted	\$
Land	\$	Mortgages and Bonds Payable	\$
Building Net (After Depreciation)	\$	Accrued Income Taxes	\$
Machinery, Fixtures & Equipment (After Depreciation)	\$	Wages & Interest	\$
Leasehold Improvements (Net After Depreciation)	\$	Other Current Liabilities (Itemized)	\$
Market Value of Investments (stocks, and bonds)	\$	Other Liabilities Due after 1 year (Itemized)	\$
Other Current Assets	\$	Credit Cards	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
(Assets – Liabilities = Net worth)			
TOTAL NET WORTH	\$		

STATE OF FLORIDA
COUNTY OF _____

The forgoing instrument was acknowledge before this
____ day of _____, 20 ____ by
_____, who is
personally known to me or has produced _____
_____ as identification.

Signature of Applicant

Signature of Notary

St. Lucie County staff will only notarize the signature not the content on the form.

**ST. LUCIE COUNTY, FLORIDA
CONTRACTOR CERTIFICATION BOARD
2019 BOARD MEETING SCHEDULE**

THE FOLLOWING CUT OFF DATES ARE FINAL. APPLICATIONS SUBMITTED AFTER THE CUTOFF DATE WILL BE SCHEDULED FOR THE FOLLOWING MONTHLY BOARD MEETING, IF COMPLETED. IF APPLICATIONS ARE NOT COMPLETED, THEY WILL NOT BE REVIEWED.

Complete application includes everything on the check list including the test scores.

CUT OFF DATES

BOARD MEETING DATES

January 4, 2019

January 16, 2019

March 1, 2019

March 20, 2019

May 3, 2019

May 15, 2019

July 5, 2019

July 17, 2019

September 6, 2019

September 18, 2019

November 1, 2019

November 20, 2019

NOTE: Staff reserves the right to move applications to the next Agenda.

The Contractor Certification Board meets the third Wednesday of the month in the Commission Chambers, Roger Poitras Annex, 2300 Virginia Avenue, Fort Pierce, Florida, from 8:30 A.M. to 12 NOON. You can contact our office @ (772) 462-1672 or (772) 462-1673 for directions and questions.