



www.polk-county.net

**CERTIFICATE OF COMPETENCY
BY EXAMINATION
REQUIREMENTS**

Office of Planning and Development

Building Division

330 W. Church St.

Bartow, Florida 33831-9005

863-534-6080

Fax 863-534-5922

contractorlicensing@polk-county.net

1. Be at least 18 years of age;
2. Submit three (3) letters of recommendation vouching for the applicant's reputation as to honesty, integrity and good moral character, from building material suppliers, subcontractors, contractors, reputable business or professional people-not related by blood or marriage to the applicant-residing in Polk County, Florida or in the county of the applicant's last business venture or residence;
3. Complete and submit the attached application, signed and notarized;
4. Provide a credit report by a credit bureau per Polk County Ordinance 92-03;
5. Submit a listing of actual work experience and education in the applicable category;
6. Submit cash, check, money order or credit card for application fee of \$25.00;
7. Meet the eligibility requirements according to one of the following criteria:
 - a) submit a sworn statement verifying at least four years of active experience in the applicable trade category, however at least one year shall be as a journeymen or foreman; (Pursuant to Contractor Licensing Board policy established 04/14/05, a sworn statement verifying experience must be signed by a Florida licensed contractor, an architect or engineer, or a licensed building official)
 - b) possess a four year degree from an accredited college in the appropriate field of engineering, architecture, or building construction and submit proof of at least one year of active experience in the applicable trade category; (applicable categories only)
 - c) submit proof of a combination of active work experience, and credit hours from an accredited college for accredited college level courses in the appropriate field of engineering, architecture, or building construction which is satisfactory to the Contractor Licensing Board. (applicable categories only)
8. Applicants for a Class A, General; Class B, Building, or Class C, Residential competency card must submit proof of active experience in four or more of the following areas:

a) foundations / slabs	e) structural wood framing
b) masonry walls	f) column erection
c) trusses	g) form work for reinforced structural
d) steel erection	h) plan reading and estimating
9. In addition, applicants for a Class A general contractor must submit proof of at least one year active experience as a supervisor or foreman in the construction of structures not fewer than 4 stories in height. Applicants for a Class B building contractor must submit proof of at least one year active experience in the construction of commercial structures.



CERTIFICATE OF COMPENTENCY APPLICATION

Office of Planning and Development

Building Division

330 W. Church St.

Bartow, Florida 33831-9005

863-534-6080

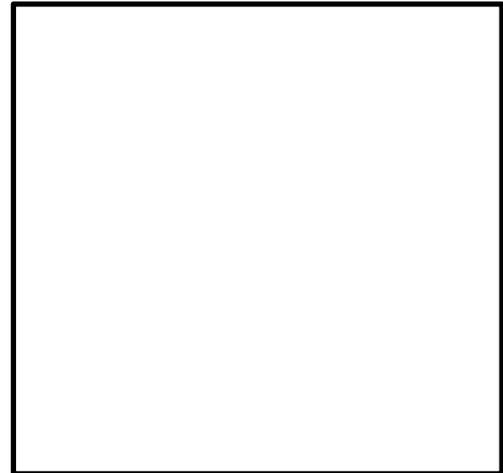
Fax 863-534-5922

www.polk-county.net

contractorlicensing@polk-county.net

Place Recent Photo in Box Below

Check Applicable Category		
Division I Contractor	Division II Contractor (Con't)	
Class A (General)	Low Voltage	
Class B (Building)	Plumbing	
Class C (Residential)	Marine Contractor	
Division II Contractor	Mechanical	
A/C Class A	Pool Swimming Pool Service	
A/C Class B	Pool/Spa Commercial	
Alarm I (Includes Fire)	Pool/Spa Residential	
Alarm II	Roofing	
Alum. Specialty Structure	Sheet Metal	
Demolition	Sign Non-Elect/Structural	
Electrical	Sign Electrical	
Garage Door Installer	Solar Water Heating	
Irrigation	Underground Utilities	



Applicant Information	
Full Name	
Social Security Number	
Date of Birth	U.S. Citizen Yes ___ No ___
Home/Cell Number	Email Address
Mailing Address	
Business Information	
Full Business Name	
<i>Actual name under which applicant will apply for permits</i>	
Business Address	
Business Email Address	
Business Phone:	Business Fax:

List Your (Applicant's) residential address for the past five (5) years

From To

Certificate of Competency Application

List all businesses owned, operated, or managed by the undersigned or in which the undersigned has had an interest of any kind during the past five (5) years, together with the addresses of such businesses:

Business Names and Addresses:

1. Has the applicant committed an act in the past three (3) years involving dishonesty, fraud, deceit, or lack of integrity whereby the applicant has benefitted or whereby some injury has been sustained by another?

YES NO **If yes**, please furnish written explanation. (Attach additional sheet.)

2. Has the applicant in the past five (5) years, refused to pay valid bills of five (5) different persons of firms supplying materials to the said applicant as evidenced by unsatisfied judgments entered in the court of competent jurisdiction?

YES NO **If yes**, please furnish written explanation. (Attach additional sheet.)

3. Has the applicant been convicted of a misdemeanor or felony during the past five (5) years involving dishonesty, fraud, or moral turpitude in connection with construction activities?

YES NO **If yes**, the applicant should provide a list of charges, sentences, and names and addresses of the court trying their case.

4. Has the applicant worked in the contractual field or trade in which he/she is seeking certification for at least four (4) years?

YES NO (A notarized verification of experience and education must be submitted with this application. This requirement may be reduced for applicants who show proof of formal education in the applicable field of engineering, architecture, or building construction.)

Certificate of Competency Application

5. **IF THE APPLICANT:**

- a) **CERTIFIES A FIRM:** Submit business name and address; name and residence of all Directors and Officers of the Firm and their interest therein; name and residence of applicant's registered agent.
- b) **CERTIFIES A CORPORATION:** Copies of the Articles of Incorporation from the Secretary of State of Florida confirming that such corporation is in a current status. Written confirmation of the name and address of the resident agent authorized to receive service of process on behalf of said corporation.
- c) **CERTIFIES A BUSINESS ORGANIZATION:** A notarized letter signed by the President or Director of the business organization showing that the applicant certifying the business organization is legally qualified to act for it in all matters connected with its contracting business, and that he has authority to supervise construction undertaken by such business organization.

6. Applicants must submit three (3) letters of recommendation from building material suppliers, subcontractors, contractors, reputable business, or professional people--not related by blood or marriage to the applicant residing in Polk County, Florida, or in the county of applicant's last business venture or residence, vouching for the applicant's reputation as to honesty, integrity, and good moral character.

Certificate of Competency Application

AFFIDAVIT

The undersigned hereby makes application for certification in accordance with the provisions of Polk County Ordinance 90-16, as amended

The undersigned hereby certifies that they will act only for themselves or that they're legally qualified to act on behalf of the business organization sought to be certified in all matters connected with its contracting business. Further that the applicant has full authority to supervise construction undertaken by themselves or such business organization and that the applicant will continue during this certification to be able to so bind said business organization. If the undersigned severs their affiliation with the said business organization, the applicant will immediately notify the Contracting Licensing Board through the Polk County Building Division in writing within seven (7) days of such termination. Any willful falsification of any information contained herein is grounds for disqualification.

APPLICANT (Please print)

NAME OF COMPANY

SIGNATURE OF APPLICANT

SIGNATURE OF CORPORATE
OFFICER (If applicant is qualifying Corporation)

Subscribed and sworn to before me this _____ day of _____, 20_____.

NOTARY PUBLIC
State of Florida, County of Polk

My Commission Expires

() IS () IS NOT personally known to me. Identified By: _____



**EXPERIENCE
VERIFICATION
CERTIFICATION**

**Office of Planning and Development
Building Division**
330 W. Church St.
Bartow, Florida 33831-9005
863-534-6080
Fax 863-534-5922

www.polk-county.net

contractorlicensing@polk-county.net

(To accompany Certificate of Competency Application)

Must Be Completed By A Florida Licensed Contractor, Architect Or Engineer, Or A Building Official.

I _____ certify that I have direct knowledge of the work experience of _____ and that he or she was (is) employed as, or performed work in the following trade category as described below during the following time period:

Date From _____ Date To: _____

Employing agency/company Information

Company name: _____

Company address: _____

Company phone number: _____ Position held: _____

Work Performed: _____

Describe in detail the applicant's duties, including any hands-on supervisory responsibilities:

Years of supervisory Experience: _____

Print Name of Person Certifying Experience

Phone number

Signature of Person Certifying Experience

License Number

Subscribed and sworn to before me this _____ day of _____, 20____.

() IS () IS NOT personally known to me. Identified By: _____

NOTARY PUBLIC
State of Florida, County of Polk

My Commission Expires



www.polk-county.net

**ACTUAL WORK
EXPERIENCE
HISTORY / EDUCATION**

**Office of Planning and Development
Building Division**
330 W. Church St.
Bartow, Florida 33831-9005
863-534-6080
Fax 863-534-5922
contractorlicensing@polk-county.net

(To accompany Certificate of Competency Application)

Describe Experience and Work Performed	Jobs Where the Described Experience was Gained	Employer or Name of Company	Time Spent From / To

Submit Additional Sheets if Necessary