



Public Works and Environmental Services Dept.

**BUILDING CODE DIVISION | CONTRACTOR LICENSING**

2307 West Broward Boulevard, Suite 300 • Fort Lauderdale, Florida 33312 • 954-765-4400 •

[broward.org/building](http://broward.org/building)

**Specialty Building Contractor  
Certificate of Competency Application Information and Instructions**

You must submit your application package in the following order:

1. Fully completed application
2. Affidavits
3. Personal references
4. Credit references if applicable
5. Credit report for Individual & Company if applicable
6. Corporate documents
7. Financial Statements
8. Copy of Driver's License
9. Passport size picture

**Experience**

You must have **4** years of practical construction experience:

Building Demolition	Solar Contractor
Certified Elevator Technician	Structural Aluminum/ Screen Enclosure
Commercial Pool/Spa Contractor	Structural Carpentry
Fence	Structural Masonry
Garage Door Installation	Structural Pre-Stressed/Precast Concrete
Glass and Glazing	Structural Steel Work
Gypsum Drywall	Swimming Pool/Spa Servicing Contractor
Industrial Facility	Tower Specialty
Marine Bulkhead	Underground Utility/Excavation
Marine Dock	Window & Door
Marine Pile Driving	
Marine Seawall	
Marine Specialty	
Plaster and Lath	
Residential Pool/Spa Contractor	
Residential Swimming Pool/Spa Contractor	
Roofing Contractor	

## Pool and Spa

Swimming pool/spa contractors and swimming pool and spa service contractors must have a Certified Pool Operator® certification from the National Swimming Pool Foundation®.

## Appearing Before the Board

The Board highly recommends that if you have any concerns about your application – such as a low credit score, inability to supply references, lack of relevant work experience, etc. – you should request to appear before the Board when submitting your application. This will help reduce delays and expedite your application.

## Affidavits

Please advise anyone preparing an affidavit that they may be contacted by Broward County to verify the information provided. Affidavits must be submitted to substantiate the required experience. Affidavits must be completed by your present or former licensed contractor employer.

### Types of affidavits accepted:

- One notarized affidavit from a State of Florida or Broward County licensed contractor of equal or higher category of license than the one for which you are applying for: or
- One notarized letter from a licensed architect or engineer verifying required experience for the specific type of work performed: or
- Three notarized affidavits from out-of-state licensed contractors, with license numbers included, verifying the required experience for the specific type of work performed.

## References

Please provide at least three credit references as follows:

- At least one from a local financial institution stating your personal accounts are in good standing or provide 2 months of bank statements.
- Two letters from supply houses or other similar business entities you have done business with.

All letters of reference should be **notarized**, including a contact number and, if applicable, a certificate of competency number. Providing more than the minimum number of required letters of reference will only **enhance** your application. The Board may or may not consider, at its discretion, letters of reference from homeowners you have done work for.

## Personal Credit Report

The Board highly recommends that you pull your credit report just prior to submitting your application. This will ensure the Board is presented with the most current information pertaining to your credit history. However, reports dated within 6 months or less may be used. **Your personal credit report must include your credit score.** If the credit score is less than **550**, you will have to appear before the Board to explain any area(s) of concern. Please choose from one of the three credit bureaus: Transunion, Equifax, or Experian.

## Business Credit Report

If you already have an active corporation for more than 2 years, you will need to provide a credit report for your business – also including the credit score.

## Personal Financial Statement

If you have a personal financial statement, please include it with your application. If you do not, please include two months of your most recent bank statements.

## Corporate Financial Statement

If you already have an active corporation, please provide a comprehensive financial statement notarized by your accountant. The financial statement should not be over 180 days old. If over 90 days old, it needs to be accompanied by a notarized affidavit stating that no material change has occurred since its preparation and that it substantially represents your current financial condition and the business organization. Alternatively, the last two months of bank statements may also be provided.

## Fictitious Corporate Name

If the firm is not incorporated but is operating under a **trade name** – other than your proper name – the company must conform to Florida Statute §865.09 and must be properly registered with the Florida Division of Corporations.

## Business Organization

If you are qualifying a corporation, you are required to provide:

- A copy of the front page of your articles of incorporation, listing the corporate officers
- A written statement from the Secretary of State, Tallahassee, certifying the corporation is currently authorized to do business in the State of Florida
- If you are **not** an officer of the corporation, you must provide a notarized letter from an officer of the corporation stating that you are a supervisory employee of the corporation.

## Certificates of Insurance

After you have passed your exam, you will be required to submit certificates of insurance.

Reciprocity applicants will be required to submit insurance at the time of application. The minimum liability insurance amounts are:

- Bodily Injury \$300,000
- Property Damage\* \$50,000

\*for any one accident, including damage to rights-of-way and/or shrubbery

## Worker's Compensation Insurance

In addition to the certificates of insurance listed above, you will need to submit proof of worker's compensation insurance **or** a waiver stating exemption from Florida's Workers Compensation law.

**Each certificate must list us as the certificate holder:**



*Broward County Building Code Division  
2307 West Broward Boulevard, Suite 300  
Fort Lauderdale, Florida 33312*

**All Certificates must provide at least 30 days' advance notice of cancellation**

## Photographs

You must include passport photos of yourself taken within the last three months and a clear copy of a valid driver's license or other government issued ID.

## Processing Fee

- \$450

Please make checks payable to ***Broward County Board of County Commissioners***

**All fees are non-refundable**

## Notification

After the Board reviews your application, you will be advised of their decision by letter – or if you choose to appear before the board, at the meeting.

## Testing

Once approved, your contact information will be sent to **Gainesville Independent Testing Service, LLC (GITS) or PROV, Inc. They will contact you to schedule your exams.**

Applicants are required to pass a **Trade** and **Business Exam** with a minimum passing score of 70%

Answer all questions in full, **please type or print clearly** with sufficient detail to determine if you are qualified to take the examination. If not applicable indicate N/A.  
Attach additional sheets if necessary.



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ATTACH  
TWO  
1½" x 1½"  
PHOTOS  
HERE

**Specialty Building Contractor  
Application for Certificate of Competency**

☐ New License    ☐ License by Reciprocity

**Contractor Classification(s)**

- |   |   |
|---|---|
| <input type="checkbox"/> Building Demolition                      | <input type="checkbox"/> Solar Contractor                         |
| <input type="checkbox"/> Certified Elevator Technician            | <input type="checkbox"/> Structural Aluminum/ Screen Enclosure.   |
| <input type="checkbox"/> Commercial Pool/Spa Contractor           | <input type="checkbox"/> Structural Carpentry                     |
| <input type="checkbox"/> Fence                                    | <input type="checkbox"/> Structural Masonry                       |
| <input type="checkbox"/> Garage Door Installation                 | <input type="checkbox"/> Structural Pre-Stressed/Precast Concrete |
| <input type="checkbox"/> Glass and Glazing                        | <input type="checkbox"/> Structural Steel Work                    |
| <input type="checkbox"/> Gypsum Drywall                           | <input type="checkbox"/> Swimming Pool Spa/Service Contractor     |
| <input type="checkbox"/> Industrial Facility                      | <input type="checkbox"/> Tower Specialty                          |
| <input type="checkbox"/> Marine Bulkhead                          | <input type="checkbox"/> Underground Utility/Excavation           |
|   | <input type="checkbox"/> Window & Door                            |
| <input type="checkbox"/> Marine Dock                              |   |
| <input type="checkbox"/> Marine Pile Driving                      |   |
| <input type="checkbox"/> Marine Seawall                           |   |
| <input type="checkbox"/> Marine Specialty                         |   |
| <input type="checkbox"/> Plaster and Lath                         |   |
| <input type="checkbox"/> Residential Pool/Spa Contractor          |   |
| <input type="checkbox"/> Residential Swimming Pool/Spa Contractor |   |
| <input type="checkbox"/> Roofing Contractor                       |   |



## Notice of Collection of Social Security Numbers for Government Purposes

Under the Federal Privacy Act, disclosure of social security numbers is voluntary unless specifically required by federal statute. In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 409.2577 and 409.2598, Florida Statutes, to allow efficient screening of applicants and licenses by a Title IV-D child support agency to assure compliance with child support obligations. Social security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act).

Personal Information					
Last Name		First Name		Middle Initial	Suffix
Home Address		City		State	Zip
Home Phone		Mobile Phone			
Email					
Place of Birth		Date of Birth		Social Security Number	
Height	Weight	Hair Color		Eye Color	
Business Organization Information					
I am qualifying as a: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation					
Business Name					
Business Address		City		State	Zip
Business Phone		Business Mobile Phone		Business FAX	
Email					
Have you ever:					
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>	Been convicted, adjudication withheld, and/or you plead nolo contendere (no contest) to a felony or first-degree misdemeanor, including but not limited to the following crimes, dishonesty, fraud, deceit, or lack of integrity in the operation or conduct of the applicant's business, occupation, trade, <b>or for any crime</b> . Please provide official disposition documents from the court of law for any adjudication, conviction, withheld adjudication or nolo contendere.			
Date	Location	Charges		Disposition	

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Contracted or done work outside the scope of operation, as set out in the definition of the particular type of contractor for which you are qualifying?
<input type="checkbox"/>	<input type="checkbox"/>	Abandoned without legal excuse, a construction project or in which you were engaged or under contract as a contractor or subcontractor?
<input type="checkbox"/>	<input type="checkbox"/>	Diverted Funds or property received for execution or completion of specific construction project or operation, or for a specific purpose, to any other use whatsoever?
<input type="checkbox"/>	<input type="checkbox"/>	Departed from or disregarded in any material respect, the plans of the owner or his duly authorized representative?
<input type="checkbox"/>	<input type="checkbox"/>	Disregarded or violated in the performance of your contracting business, any of the building, safety, health insurance, or workmen's compensation laws of the State of Florida, or the regulations of Broward County?
<input type="checkbox"/>	<input type="checkbox"/>	Misrepresented any material fact in your application and supporting papers in obtaining a license?
<input type="checkbox"/>	<input type="checkbox"/>	Failed to fulfill your contractual obligation through inability to pay all creditors for material furnished, work or services performed, in the operation of your business for which you are licensed?
<input type="checkbox"/>	<input type="checkbox"/>	Aided or abetted an unlicensed person to evade the licensing requirements of Broward County, or allowed your license to be used by an unlicensed person or acted as an agent, partner, or associate of an unlicensed person with the intent to evade the licensing requirements of Broward County?
<input type="checkbox"/>	<input type="checkbox"/>	Been guilty of any fraudulent act as a contractor or sub-contractor, by which another is substantially injured?
<input type="checkbox"/>	<input type="checkbox"/>	Filed bankruptcy in business?

**If you answered yes to any of the above questions, please explain on a separate sheet of paper**

***Continue to next page***



## Employment History

List your record of employment, **beginning with your most recent employer**, to demonstrate your practical and required experience in the construction field. Include any and all businesses that you have owned, operated, managed or you have had an active part in. Please explain any gaps in employment on a separate sheet. If your employment history exceeds the space provided, please provide on an additional sheet and attach to this application.

### Employer 1

Date Hired	End Date		
Business Name			
Business Address	City	State	Zip
Business Phone	Business Mobile Phone		
Business Email			
Last Position Held			
Reason for Leaving			
Specify Type of Work			

### Employer 2

Date Hired	End Date		
Business Name			
Business Address	City	State	Zip
Business Phone	Business Mobile Phone		
Business Email			
Last Position Held			
Reason for Leaving			
Specify Type of Work			

<b>Education History</b>					
<b>College</b>					
Name					
Address			City		State Zip
Degree					
<b>Trade School</b>					
Name					
Address			City		State Zip
Degree/Certification					
<b>High School</b>					
Name					
Address			City		State Zip
Degree					
<b>Certificates of Competency</b>					
<b>Certificate Type</b>	<b>Certificate Number</b>	<b>Date Issued</b>	<b>Date Expires</b>	<b>Place Issued</b>	<b>By Exam</b>
					<input type="checkbox"/> Yes <input type="checkbox"/> No*
					<input type="checkbox"/> Yes <input type="checkbox"/> No*
					<input type="checkbox"/> Yes <input type="checkbox"/> No*
*If not issued by exam, please explain:					

Are you aware that all answers made on this application constitute a sworn statement by you? ☐ Yes ☐ No

I certify that the above information and any attachments to this application are true and correct under penalty of law. I further understand that the Broward County Building Code may deny this application based on my history, failure to disclose information, and/or information that is false or misleading.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTARY PUBLIC**

State of Florida            )  
                                      ) SS  
County of                    )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me, or who has produced \_\_\_\_\_ as identification, and who did take an oath.

(Seal)

\_\_\_\_\_  
Notary Public in and for the State of Florida

## Affidavit of Experience

Provided by: ☐ Employer ☐ Self Employed ☐ Employer No Longer in Business

This is to certify that:

Is/was employed by

Business Address

City

State

Zip

From

To

Total Length of Time

The specific type of work performed consisted of the following:

Remarks (if any)

I am the qualifier for the above-mentioned firm or corporation and hold a current Certificate of Competency

Card Number

Issued By

Type of Contractor

Contact Phone Number

**By signing this affidavit, I understand that if I am found to be providing false statements related to the applicant's experience and competency, then as a contractor licensed by Broward County, I face penalties up to and including licenses suspension and revocation. If I am licensed by another county state, or professional agency other than Broward County, then I understand a letter from the Contracting Licensing Board for the General Construction and Specialty Trades will be sent to my licensing authority making them aware of any false or misleading statements I may have made in this affidavit.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### NOTARY PUBLIC

State of Florida       )  
                                  ) SS  
County of                )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

who is personally known to me, or who has produced \_\_\_\_\_

as identification, and who did take an oath.

(Seal)

\_\_\_\_\_  
Notary Public in and for the State of Florida