



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/contractors

Mechanical ■ Electrical ■ Plumbing ■ Specialty 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) Credit references, 4) Credit report, 5) Corporate documents

**IN ORDER TO APPLY, YOU MUST HAVE THE
FOLLOWING PRACTICAL CONSTRUCTION EXPERIENCE:**

Electrical and Specialty Electrical

Electrical Contractor	4 years
Alarm System Contractor I	4 years
Alarm System Contractor II	4 years
Sign Specialty Electrical Contractor	4 years
Residential Electrical Contractor	4 years
Limited Energy Systems Specialty Contractor	4 years
Utility Line Electrical Contractor	4 years
Lighting Maintenance Specialty Contractor	4 years

***Plumbing and Specialty Plumbing
Contractors***

Plumbing Contractor	4 years
Irrigation Specialty Contractor	4 years
Gas Line Specialty Contractor	4 years

***Mechanical and Specialty Mechanical
Contractors***

Mechanical Contractor	4 years
Class A Air Conditioning	4 years
Sheet Metal	4 years
Central Vac System	4 years
Class B Air Conditioning*	4 years

*Limited to 25 tons

Proof of Experience

Submit the affidavit provided on page 9 or provide a letter (*on business letterhead*) from your employer, including:

- Dates you were employed
- Type of work you performed
- License number of the person signing the documents (*must be notarized*)
- W2 forms to substantiate each affidavit
 - ▶ If you are **self-employed**, you must include:
 - Copies of your incorporation papers
 - Copies of your occupational license(s)
 - Copies of any license(s) you may have had
 - Any other documents to support your status as self-employed
 - ▶ If you have **out-of-state** experience, you must include:
 - A notarized letter from a licensed architect or engineer from that state*
*does not apply to electrical and plumbing
 - ▶ If you are applying for **reciprocity**, you must include:
 - A letter of reciprocity from the county where you took your exam; the letter must arrive via the mail or be submitted with a seal. The scope of work must be equal to Broward County's requirements.

You may receive a "Notice to Appear" at an upcoming scheduled Board meeting.

All letters and affidavits must be notarized

Character Letters

Please provide the name and address of **at least one** local resident who can attest to your character and reputation.

Letter(s) must be notarized

Credit 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.
- Two letters from supply houses or other similar business entities you have done business with.

All letters of reference should be notarized, include 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 performed 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 are qualifying a corporation or partnership, a company credit report is also required.

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 statement should be no more than 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.

Corporate Papers

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.

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.

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 as a 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 two 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 Fees

- **\$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.

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 with a minimum passing score of **75%** (*also applies to reciprocity applicants*)

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.



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/contractors

ATTACH
TWO
1½" x 1½"
PHOTOS
HERE

Mechanical ▪ Electrical ▪ Plumbing ▪ Specialty Contractor

Application for Certificate of Competency

☐ New License ☐ License by Reciprocity

Contractor Classification

ELECTRICAL & SPECIALTY ELECTRICAL CONTRACTORS

- | | |
|---|--|
| <input type="checkbox"/> Electrical Contractor | <input type="checkbox"/> Residential Electrical Contractor |
| <input type="checkbox"/> Alarm System Contractor I | <input type="checkbox"/> Limited Energy Systems Specialty Contractor |
| <input type="checkbox"/> Alarm System Contractor II | <input type="checkbox"/> Sign Specialty Electrical Contractor |
| <input type="checkbox"/> Utility Line Electrical Contractor | |

PLUMBING & SPECIALTY PLUMBING CONTRACTORS

- | | |
|--|--|
| <input type="checkbox"/> Plumber Contractor | <input type="checkbox"/> Irrigation Specialty Contractor |
| <input type="checkbox"/> Gas Line Specialty Contractor | <input type="checkbox"/> |

MECHANICAL & SPECIALTY MECHANICAL CONTRACTORS

- | | |
|---|--|
| <input type="checkbox"/> Mechanical Contractor | <input type="checkbox"/> Sheet Metal |
| <input type="checkbox"/> Class A Air Conditioning | <input type="checkbox"/> Class B Air Conditioning Limited to 25 Tons |
| <input type="checkbox"/> Central Vac System | <input type="checkbox"/> |



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

- ☐ ☐ 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, **or for any crime**. 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? |

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <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

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			

High School						
Name						
Address				City		State
Zip						
Degree						
Certificates of Competency						
Certificate Type	Certificate Number	Date Issued	Date Expires	Place Issued	By Exam	
					<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:						

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.

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

Contractor Name

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.

Contractor's 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