



Resilient Environment Department

BUILDING CODE DIVISION | CONTRACTOR LICENSING

2307 West Broward Boulevard, Suite 300 • Fort Lauderdale, Florida 33312 • 954-765-4400 • 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. Credit references
4. Credit report
5. Corporate documents

Experience

Depending on your classification, you must have the following years of practical construction experience:

Classification	Yrs		Yrs		Yrs
Acoustic ceiling.....	1	Gunite.....	3	Sandblasting.....	1
Aluminum specialty structure.....	3	Insulation.....	1	Screen enclosures.....	1
Awning erection.....	3	Masonry.....	2	Shutter/opening protective	1
Business financial management....	1	Miscellaneous metals erection....	3	Sign erection (non-electric)	1
Cabinetry.....	2	Painting.....	1	Solar.....	4
Carpentry.....	3	Painting – unlimited.....	2	Steel reinforcing & iron.....	3
Concrete placing & finishing.....	2	Pavers.....	4	Structural steel.....	6
Demolition (non-explosive).....	2	Plastering/stucco.....	2	Terrazzo.....	1
Drywall/lathing.....	2	Pool/spa contractor – commercial	6	Tile, marble & granite.....	2
Elevator installation & maintenance	4	Pool/spa contractor – residential...	4	Waterproofing.....	2
Fabric awning.....	1	Pool/spa servicing.....	2	Window & door.....	2
Flatwork concrete.....	2	Registered tradesperson			
Fence erection.....	1	Residential interior remodeling....	3		
Finished carpentry.....	2	Roof decks.....	2		
Flooring.....	1	Roofing.....	4		
Garage Door.....	2	Roof painting & cleaning.....	6 mths		
Glazing.....	3	Rough carpentry.....	2		

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 information provided. Affidavits must be submitted to substantiate the aforementioned 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 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 12 months or less may be used. If your report is over 90 days old, it must be accompanied by a notarized affidavit stating no material change has occurred since its preparation and that it substantially represents your current financial condition. **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.

Business Credit Report

If you already have an active corporation, you should also 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 copies 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.

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 Article of Incorporation
- A copy of the page listing the corporate officers
- A written statement from the Secretary of State certifying the corporation is current

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-sized photos of yourself taken within the last three months.

Processing Fee

- \$200

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"/> Acoustic ceiling (1 yr) | <input type="checkbox"/> Gunitite (3 yrs) | <input type="checkbox"/> Sandblasting (1 yr) |
| <input type="checkbox"/> Aluminum specialty structure (3 yrs) | <input type="checkbox"/> Insulation (1 yr) | <input type="checkbox"/> Screen enclosures (1 yr) |
| <input type="checkbox"/> Awning erection (3 yrs) | <input type="checkbox"/> Masonry (2 yrs) | <input type="checkbox"/> Shutter/opening protective (1 yr) |
| <input type="checkbox"/> Business financial management (1 yr) | <input type="checkbox"/> Miscellaneous metals erection (3 yrs) | <input type="checkbox"/> Sign erection (non-electric) (1 yr) |
| <input type="checkbox"/> Cabinetry (2 yrs) | <input type="checkbox"/> Painting (1 yr) | <input type="checkbox"/> Solar (4 yrs) |
| <input type="checkbox"/> Carpentry (3 yrs) | <input type="checkbox"/> Painting – unlimited (2 yrs) | <input type="checkbox"/> Steel reinforcing & iron (3 yrs) |
| <input type="checkbox"/> Concrete placing & finishing (2 yrs) | <input type="checkbox"/> Pavers (4 yrs) | <input type="checkbox"/> Structural steel (6 yrs) |
| <input type="checkbox"/> Demolition (non-explosive) (2 yrs) | <input type="checkbox"/> Plastering/stucco (2 yrs) | <input type="checkbox"/> Terrazzo (1 yr) |
| <input type="checkbox"/> Drywall/lathing (2 yrs) | <input type="checkbox"/> Pool/spa contractor – commercial (6 yrs) | <input type="checkbox"/> Tile, marble & granite (2 yrs) |
| <input type="checkbox"/> Elevator installation & maintenance (4 yrs) | <input type="checkbox"/> Pool/spa contractor – residential (4 yrs) | <input type="checkbox"/> Waterproofing (2 yrs) |
| <input type="checkbox"/> Fabric awning (1 yr) | <input type="checkbox"/> Pool/spa servicing (2 yrs) | <input type="checkbox"/> Window & door (2 yrs) |
| <input type="checkbox"/> Flatwork concrete (2 yrs) | <input type="checkbox"/> Registered tradesperson | |
| <input type="checkbox"/> Fence erection (1 yr) | <input type="checkbox"/> Residential interior remodeling (3 yrs) | |
| <input type="checkbox"/> Finished carpentry (2 yrs) | <input type="checkbox"/> Roof decks (2 yrs) | |
| <input type="checkbox"/> Flooring (1 yr) | <input type="checkbox"/> Roofing (4 yrs) | |
| <input type="checkbox"/> Garage Door (2 yrs) | <input type="checkbox"/> Roof painting & cleaning (6 mths) | |
| <input type="checkbox"/> Glazing (3 yrs) | <input type="checkbox"/> Rough carpentry (2 yrs) | |



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, or trade. 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"/>	<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"/>	<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"/>	<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"/>	<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			

Education History

College					
Name					
Address		City		State	Zip
Degree					
Trade School					
Name					
Address		City		State	Zip
Degree/Certification					
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:					

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: <input type="checkbox"/> Employer <input type="checkbox"/> Self Employed <input type="checkbox"/> 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