



## HERNANDO COUNTY DEVELOPMENT DEPARTMENT

### Contractor Certification

789 Providence Blvd.

Brooksville, Fl. 34601

(352)754-4050

#### CONTRACTOR CLASS CERTIFICATION APPLICATION

Alarm I & II

Building

Class A Air Conditioning

Class B Air Conditioning

Commercial Pool

Electrical Unlimited

General

Mechanical

Plumbing

Residential

Residential Pool

Roofing

Sheet Metal

Solar

Swimming Pool Service

Underground Utility

The Hernando County Construction Licensing Board has established criteria for obtaining a Certificate of Competency in Hernando County for contractors as defined in Ordinance 2004-01.

1. Proof of a proctored **examination** administered and proctored by a Florida testing firm with a minimum test score of 75 percent on both sections.
2. In order to verify an applicant's experience, the applicant will be required to provide evidence of a minimum of four (4) years **active experience** from practicing contractors in the field for which the applicant is applying.

Such evidence shall be in the form of at least two (2) **notarized documents** (supplied in application) which show proof of a total of four years **active** experience, such experience must meet the criteria as set forth by Board Rule. **THE SUPPLIED FORMS MUST BE USED IN DOCUMENTING YEARS OF EXPERIENCE.**

3. A **business and personal financial statement** must be supplied for those contractors/subcontractors already duly licensed in another county. **Only a personal** financial statement will be required for an applicant not currently duly licensed in any local jurisdiction.
4. A **business and personal credit report** from a local credit bureau. The reports **must be mailed DIRECTLY to CONTRACTOR CERTIFICATION** from the credit bureau. It is the applicant's responsibility to request this report from the credit bureau. For an applicant not currently, duly licensed in any local jurisdiction, only a **personal credit report** will be necessary.

5. A **background** check will be done on all applicants. There is a **non-refundable** fee of **\$35.00** for the background check. The fee must be paid by the applicant at the time of application.
6. **As an applicant** if your application is denied you may appeal, and appear before the Board of Construction & Regulation.
7. **If appearance before the Board of Construction & Regulation** is requested or required and your application is denied, **You must wait 6 months before reapplying.**

**ALL applications must be completed in their entirety and submitted to Contractor Certification. IF YOUR APPLICATION IS RECEIVED INCOMPLETE, YOU WILL BE NOTIFIED BY MAIL OF WHAT IS REQUIRED TO COMPLETE THE APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. THERE WILL BE NO EXCEPTIONS.**

There is a **non-refundable** application/background fee of **\$85.00** due when you submit your application to this office.

If your application is approved, there will be **an additional fee of \$200.00 for the competency card**. This amount is **not due** until your application is approved.

**Within thirty (30) days of Department approval** the following items must be supplied to Contractor Certification. **FAILURE** to supply the following items will result in your application being voided and all monies forfeited.

1. \$5,000 Bond made out to the Hernando County Board of County Commissioners; (Bond forms available in the Development Department).

2. Liability Insurance in the applicable amount;(Hernando County **must** be listed as a certificate holder).

	Liability	Property Damage
General Contractor	300,000	50,000
Building Contractor	300,000	50,000
Residential Contractor	100,000	25,000
Alarm I & II Contractor	300,000	500,000
Commercial Pool Contractor	100,000	25,000
Residential Pool Contractor	100,000	25,000
Sheet Metal Contractor	100,000	25,000
Underground Utility Contractor (Excavation)	100,000	25,000
Plumbing Contractor	100,000	25,000
Roofing Contractor	100,000	25,000
Mechanical Contractor	100,000	25,000
Solar Contractor	100,000	25,000
Class A Air Conditioning Contractor	100,000	25,000
Class B Air Conditioning Contractor	100,000	25,000
Electrical Unlimited Contractor	300,000	500,000
Swimming Pool Service Contractor	100,000	25,000

3. Workers' compensation; (exemptions are valid only after thirty (30) days have lapsed from postmark date).
4. Hernando County Occupational License; (if applicable).
5. State Registration; (if applicable).

**APPLICANTS ARE REMINDED THAT THEY MAY ONLY CONDUCT BUSINESS IN THE NAME WHICH APPEARS ON THEIR CERTIFICATE OF COMPETENCY AND REGISTRATION.**

If you are **not** registered with the State at the time you pick up your certificate of competency and are required to do so, you will be given a **thirty (30) day** grace period within which to become registered. Be advised your application for a certificate, including all information submitted in conjunction with your application, is subject to Florida State Statute 119.07 (public records law).

119.07 Inspection, examination, and duplication of records; exemptions which reads:

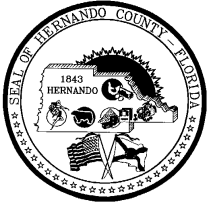
(1)(a) Every person who has custody of a public record shall permit the record to be inspected and examined by any person desiring to do so, at any reasonable time, under reasonable conditions, and under supervision by the custodian of the public record or his designee.

## CHECKLIST

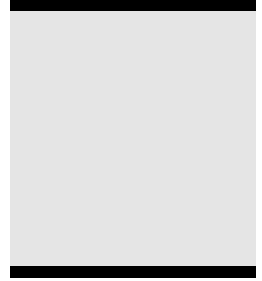
**PLEASE NOTE: THE FOLLOWING ITEMS MUST BE COMPLETED AT THE TIME YOU SUBMIT YOUR APPLICATION TO CONTRACTOR CERTIFICATION. THE APPLICATION WILL NOT BE PROCESSED UNTIL ALL ITEMS ARE COMPLETED.**

### **ALL APPLICATIONS MUST BE TYPED OR PRINTED LEGIBLY**

- \_\_\_\_(1) My Business and Personal Credit Reports from a local credit bureau have been applied for. (An applicant who is not currently licensed in any local jurisdiction will only be required to furnish a **personal credit report**.)
- \_\_\_\_(2) At least **two (2)** notarized documents on the supplied forms are being provided to Contractor Certification. These documents reflect my **active** experience, this experience totals a minimum of four (4) years.
- \_\_\_\_(3) A small photograph of myself is attached to the application.
- \_\_\_\_(4) The Business and Personal Financial Statement in the application is complete and notarized. (**Financial Statements must be completed in their entirety and must balance. Financial Statements that contain discrepancies or are incomplete can lead to denial of an application.**)
- \_\_\_\_(5) The employment section of application is completed.
- \_\_\_\_(6) My correct address, phone number, and business name (if applicable) are on the application.
- \_\_\_\_(7) My letter of reciprocity indicating a minimum grade of 75 percent has been received by Contractor Certification. The letter must state the name of the exam that was given by an approved testing firm, the date of the testing and the grade received.
- \_\_\_\_(8) A copy of my Florida Identification and/or Driver's License is attached.
- \_\_\_\_(9) The **\$50.00 non-refundable** application fee is attached and the **\$35.00 non-refundable** background check fee is attached.
- \_\_\_\_(10) List of the last (5) five jobs.
- \_\_\_\_(11) Statement of Authority (if applicable).
- \_\_\_\_(12) Completed Choice Point Questionnaire



**ALL INFORMATION MUST BE TYPED  
OR WRITTEN IN BLACK INK ONLY**



APPLICATION FOR \_\_\_\_\_

Mr./Ms. \_\_\_\_\_  
(Last) (First) (MI)

Drivers License No.: \_\_\_\_\_

\_\_\_\_\_  
(Home Address) (City) (State) (County) (Zip Code)

Phone #:(\_\_\_\_) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Place of Birth) (Date of Birth)

**FULL NAME OF BUSINESS:** Name under which applicant will pull permits

\_\_\_\_\_  
(Business **MAILING** Address-Street & No.)

\_\_\_\_\_  
(City) (State) (County) (Zip Code)

\_\_\_\_\_  
(Business **PHYSICAL** Address-Street & No.)

\_\_\_\_\_  
(City) (State) (County) (Zip Code)

Phone #:(\_\_\_\_) \_\_\_\_\_ Fax #:(\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell# or Toll Free# (\_\_\_\_) \_\_\_\_\_

Classification Requested: \_\_\_\_\_



Contact Person's Name: \_\_\_\_\_

Address: \_\_\_\_\_

If you have taken a Proctored Florida examination for any classification within the past 5 years, enter the class and date below:

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_      \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Class                                      Date                                      Class                                      Date

Circle Highest Grade Completed: **Grade School:** 1 2 3 4 5 6 7 8

**High School:** 9 10 11 12 **College:** 1 2 3 4 **Graduate School:** 1 2 3 4

SCHOOLS	NAME & ADDRESS	DATES	GRAD.	DEGREE
High School				
College				
Voc./Bus.				
Other				

**REQUIREMENTS FOR CERTIFICATION**

In order that the Development Department may carry out its duty to investigate the financial responsibility, credit, and business reputation (if applicable) of a new applicant for certification, an applicant shall be required to submit the following information with his or her application for certification:

- (1) Credit reports from any nationally recognized credit bureau dated within four (4) months of application. The credit reports must be for the **applicant** and the **business entity** (if applicable).
- (2) A comprehensive financial statement reflecting the financial condition of the business entity in its **previous fiscal year**; provided, however, that the statement be prepared within twelve (12) months of the date of filing of the application. The financial statement shall include the following: **balance sheet; income statement; capital statement; and statement of changes in financial position.** Unless **prepared by a certified public accountant**, the financial statement **shall** be signed in the presence of a notary, by a responsible officer of the business entity for the period reflected in the statement. Applicants qualifying a business entity shall submit, in addition to the business financial statement, a personal financial statement. If the applicant has never been licensed to act in the capacity of a contractor and if the applicant is not qualifying a business entity, the applicant shall prepare and submit a personal financial statement in lieu of the business financial statement.

**FINANCIAL STATEMENTS FOUND TO BE INCOMPLETE OR INACCURATE MAY BE DEEMED AS GROUNDS FOR DENIAL OF APPLICATION.**

- (3) As a prerequisite to issuance of a certificate, an applicant shall, in addition to the submissions required in paragraphs (1) and (2) above, submit **evidence acceptable** to Contractor Certification demonstrating the following:

(a) Net worth as listed below for the following categories of contractors:

1.	General Contractor	\$20,000
2.	Building Contractor	\$20,000
3.	Residential Contractor	\$20,000
4.	Sheet Metal Contractor	\$10,000
5.	Roofing Contractor	\$10,000
6.	Class A Air Conditioning Contractor	\$10,000
7.	Class B Air Conditioning Contractor	\$10,000
8.	Mechanical Contractor	\$10,000
9.	Commercial Pool Contractor	\$10,000
10.	Residential Pool Contractor	\$10,000
11.	Swimming Pool Service Contractor	\$ 2,500
12.	Plumbing Contractor	\$10,000
13.	Underground Utility and Excavation Contractor	\$10,000
14.	Electrical Contractor/Unlimited	\$10,000
15.	Alarm Systems I and II	\$10,000
16.	Solar Contractor	\$10,000

**\*\*\*\*NET WORTH SHALL BE DEFINED TO REQUIRE A SHOWING FOR ALL CONTRACTOR CATEGORIES THAT THE APPLICANT HAS A MINIMUM OF 50% OF THE AMOUNT IN CASH. CASH SHALL BE DEFINED TO INCLUDE A LINE OF CREDIT.**

- (b) Possession of either a letter of bondability, a letter of credit or a compliance bond established to reimburse the appropriate parties for diversion of funds, abandonment, and all other statutory violations, said instruments to be issued in the same license classification to dollar ratio listed in paragraph (a), above. The aforementioned instruments are not to be construed as performance bonds.
- (4) A list of all contracts by the applicant or business organization underway at the time of filing, if any, along with a list of all contracts completed in the three (3) years immediately preceding the date of filing, or in the alternative, a list of the five most recent contracts performed in the applied for category, if any. This list shall include the description of each job, the dollar value of the job, location, owner, architect and/or engineer, and general contractor, if applicable.

**FINANCIAL RESPONSIBILITY** (Each person listed in (I) below must answer each question) (Board Rule 010).

**A CREDIT REPORT IS REQUIRED TO BE SUBMITTED-WHICH WILL VERIFY the information in the questions below.**

- (a) Has any bonding or surety company ever completed or made a financial settlement upon any construction contract of work undertaken by any person named in (I) below or any organization in which any such person was a member of the personnel?  

( )Yes ( )No

If so, attach a detailed statement including: (1) the name and address of the bonding or surety company,(2) the names and locations of jobs which were completed and the bonding or surety company made settlements on, (3) the amounts of the settlements and to whom paid.

- (b) Are there now any unpaid, past-due bills or claims for labor, materials, or service as a result of the construction operations of any person named in (I) below or an organization in which any such person was a member of the personnel?  
( )Yes ( )No

If so, attach a detailed statement including the names and addresses of the creditors and the amounts owed. Any construction obligation shall be deemed to be past due beyond 90 days following the month in which the purchase was made. Any disputed, past-due bills must be acknowledged.)

- (c) Are there now any liens, suits, or judgements of record pending as a result of construction operations of any person named in (I) below or any organization in which any such person was a member of the personnel as a result of the construction operation of such person or organization? Yes No

If so, attach a detailed statement including the names and addresses of the litigants in current litigation, the names and addresses of persons who have filed liens or who have recorded judgements, and the monetary sums involved.

- (d) Are there now any liens of record by the U.S. Internal Revenue Service or the State of Florida Corporate Tax Division against any person named in (I) below or any organization in which any such person was a member of the personnel? Yes No

If so, attach a detailed statement including lien claimants and amounts claimed.

- (e) Has any person named in (I) below or has any organization in which any such person was a member of the personnel ever been adjudicated as bankrupt within the past five years, or is any such person or organization presently in the process of bankruptcy proceedings? Yes No

If so, attach bankruptcy papers.

- (f) Has any person named in (I) below or has any organization in which any such person was a member of the personnel ever made an assignment of assets in settlement of construction obligations for less than the total amount of the indebtedness? Yes No

If so, attach a list of names and addresses of all creditors and losses thus sustained.

- (g) Has any person named in (I) below been convicted of acting in the capacity of a contractor without a license or if licensed as a contractor in this or any other state, has any disciplinary action (including probation, fine or reprimand) ever been taken against such license by a state, county, or municipality? Yes No

If so, attach a detailed statement including the date of conviction or disciplinary action, whichever may be applicable.

- (h) Has any person named in (I) below ever been convicted of a crime, found guilty, or entered a plea of guilty, or nolo contendere (no contest) to, even if you received a withhold of adjudication? ( )Yes ( )No

This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer “NO” because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering “NO”. **YOUR ANSWER TO THIS QUESTION WILL BE CHECKED AGAINST LOCAL, STATE, AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.** If “YES”, provide a certified copy of disposition for each offense.

- (i) Required signature: if an individual, the applicant; if a partnership, the applicant, and the partner; if a corporation, the president, vice-president and secretary.

**ALL APPLICATIONS AND FINANCIAL STATEMENTS SUBMITTED FOR PROCESSING MUST BE TYPE WRITTEN OR IN BLACK INK.**

a. \_\_\_\_\_  
**Signature of Qualifying Individual** **Location Address**

b. \_\_\_\_\_  
**Signature** **Title** **Location Address**

c. \_\_\_\_\_  
**Signature** **Title** **Location Address**

d. \_\_\_\_\_  
**Signature** **Title** **Location Address**

**FLORIDA STATUTE 837.06 FALSE OFFICIAL STATEMENTS.** Whomever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

\_\_\_\_\_  
**APPLICANT - PLEASE PRINT**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**NAME OF COMPANY**

\_\_\_\_\_  
**SIGNATURE OF CORPORATE OFFICER**  
(Other than applicant)

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_ who is (\_\_\_\_) personally known to me, or who (\_\_\_\_) has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Print/Type/Stamp Name of Notary

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires: \_\_\_\_\_

## PERSONAL FINANCIAL STATEMENT

Applicant's Name: \_\_\_\_\_

<u>ASSETS</u>	<u>DOLLAR VALUE</u>	<u>LIABILITIES</u>	<u>DOLLAR VALUE</u>
Cash Available (checking, savings, other)	\$ _____	Mortgage Balance (1st residential)	\$ _____
Real Estate Value (residence)	\$ _____	Mortgage Balance (2nd residential)	\$ _____
*Real Estate Value (other)	\$ _____	Mortgage Balance (other)	\$ _____
Stocks	\$ _____	Note(s) Payable (to banks)	\$ _____
Bonds	\$ _____	Note(s) Payable (to others)	\$ _____
Vehicle(s)	\$ _____	Vehicle Loan(s) Balance	\$ _____
	\$ _____		\$ _____
Personal Property (furniture, etc.)	\$ _____	Personal Loan(s) Balance	\$ _____
Debts Owed to You	\$ _____	Other Fixed Debts Owed	\$ _____
Other Property (Owned by You)	\$ _____		
<b>TOTAL ASSETS</b>	\$ _____	<b>TOTAL LIABILITIES</b>	\$ _____
<b>TOTAL ASSETS</b>	\$ _____		
<b>TOTAL LIABILITIES</b>	(-) \$ _____		
<b>NET WORTH</b>	\$ _____		

**This financial statement is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature of Applicant

State of Florida  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, who is (\_\_\_) personally known to me, or who (\_\_\_) has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print/Type/Stamp Name of Notary

My Commission Expires: \_\_\_\_\_

## BUSINESS FINANCIAL STATEMENT

Applicant's Name: \_\_\_\_\_

<u>ASSETS</u>	<u>DOLLAR VALUE</u>	<u>LIABILITIES</u>	<u>DOLLAR VALUE</u>
Cash Available (checking, savings, other)	\$ _____	Mortgage Balance (1st residential)	\$ _____
Real Estate Value (residence)	\$ _____	Mortgage Balance (2nd residential)	\$ _____
*Real Estate Value (other)	\$ _____	Mortgage Balance (other)	\$ _____
Stocks	\$ _____	Note(s) Payable (to banks)	\$ _____
Bonds	\$ _____	Note(s) Payable (to others)	\$ _____
Vehicle(s)	\$ _____	Vehicle Loan(s) Balance	\$ _____
	\$ _____		\$ _____
Personal Property (furniture, etc.)	\$ _____	Personal Loan(s) Balance	\$ _____
Debts Owed to You	\$ _____	Other Fixed Debts Owed	\$ _____
Other Property (Owned by You)	\$ _____		
<b>TOTAL ASSETS</b>	\$ _____	<b>TOTAL LIABILITIES</b>	\$ _____
<b>TOTAL ASSETS</b>	\$ _____		
<b>TOTAL LIABILITIES (-)</b>	\$ _____		
<b>NET WORTH</b>	\$ _____		

**This financial statement is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature of Applicant

State of Florida  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, who is ( ) personally known to me, or who ( ) has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print/Type/Stamp Name of Notary

My Commission Expires:

**STATEMENT OF AUTHORITY TO ACT  
FOR THE BUSINESS ORGANIZATION**

**Statement of Authority**

In making application to qualify a company, corporation, partnership, limited partnership, individual, or any type of business entity, I understand that I, as qualifying agent, am completely responsible for the actions of said business entity as they relate to its construction business.

Further, I understand that the Hernando County Department of Development holds the qualifying agent responsible for supervision of job sites as well as all financial aspects of the entity's construction business including, but not limited to, payment to subcontractors, payment to suppliers, payment to employees and payment of applicable federal and state taxes.

I understand that the Hernando County Department of Development holds me, as qualifying agent, responsible for any violation which may be committed by the business entity I qualify.

- Required Signatures: 1) If an Individual, the applicant  
2) If a partnership, the applicant and the partner  
3) If a corporation, the applicant and the officers of the corporation

APPLICANT: \_\_\_\_\_  
\_\_\_\_\_

PARTNER/CORPORATE OFFICERS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State of Florida  
County of \_\_\_\_\_

The foregoing instrument was acknowledge before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_, by \_\_\_\_\_, who is (\_\_\_) personally known to  
me or (\_\_\_) who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Print/Type/Stamp Name of Notary

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires:

**NOTICE REGARDING CORPORATIONS**

Upon the advice of the Attorney General, it is the policy of this agency not to issue a certificate of competency to a qualifying agent of a corporation unless it is qualified to do business in this State either as a domestic or a foreign corporation. To be qualified to do business in this State, a domestic or foreign corporation must be registered and in good standing with the Secretary of State of the State of Florida.

**COMPLETE THE CERTIFICATION BELOW AND SUBMIT IT WITH YOUR APPLICATION.**

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**CERTIFICATE OF INCORPORATION**

**(ATTACH A COPY OF CERTIFICATE OF INCORPORATION  
ISSUED BY SECRETARY OF STATE OF FLORIDA)**

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in \_\_\_\_\_, I  
certify under penalty of perjury that \_\_\_\_\_, being a  
domestic corporation with its main office in the County of \_\_\_\_\_, or  
a foreign corporation incorporated in the State of \_\_\_\_\_ (if applicable) on \_\_\_\_\_,  
\_\_\_\_\_, was registered with the Secretary of the State of Florida on the \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_; that the number assigned to this corporation is \_\_\_\_\_; that the name  
style as set forth on the application for this corporation is the same as that registered with the Secretary of State.

The Construction Industry Licensing Law Provides:

**468.107(2)** If the applicant is proposing to qualify a partnership, corporation, business trust, or other legal entity, the application shall state the name of the partnership and of its partners, or the name of the corporation and of its officers and directors, or the name of the business trust and its trustees, or the name of such other legal entity and its members, and furnish evidence of statutory compliance if a fictitious name is used. Such application shall also show that the person applying for the examination is legally qualified to act for the business organization in all matters connected with its contracting business; and that he has authority to supervise construction undertaken by such business organization. The certification, when issued upon application of a business organization, shall be in the name of the qualifying agent and the name of the business organization shall be noted thereon.

At least one member or supervising employee of the business organization shall be duly licensed in Hernando County in order for the business to be qualified locally to engage in the category of the business for which the member or supervising employee is licensed.

If any individual so qualified on behalf of such business organization ceases to be affiliated with such business organization, he shall inform the boards principle office as provided in Hernando County Licensing Ordinance. In addition, if such individual is the only qualified individual affiliated with the business organization, the business organization shall notify the boards principle office of the individual's termination and shall have a minimum of 60 days from the termination of the individual's affiliation with the business organization in which to obtain another qualifying person under the provisions of this part. The business organization shall not be authorized to contract until a qualifying individual is obtained.

- (a) The individual shall also inform the boards principle office in writing when he proposes to engage in contracting in his own name or in affiliation with another business organization; and he or such new business organization shall supply the same information to the board as required for applicants under this part.

**REQUIRED INFORMATION CONCERNING BUSINESS ORGANIZATIONS**  
**(Please attach a copy of your compliance with the Fictitious Name Law when applicable.)**

**Fictitious Name Law 865.09 Statute, in Part:**

It shall be unlawful for any person or persons, as defined herein, to engage in business under a fictitious name unless said fictitious name shall be registered with The Florida Department of State Division of Corporation. An application for registration may be obtained by contacting the Division of Corporation:

**Fictitious Name Registration**  
**Post Office Box 1300**  
**Tallahassee, Florida 32302-1300**  
**Phone Number (850) 488-9000**

A person may not act in a qualifying capacity on behalf of more than one firm except under certain specific conditions.

1. Is the person who is to qualify \_\_\_\_\_ legally qualified to act for the business organization in all matters connected with its contracting business? \_\_\_\_\_
2. Is the person who is to qualify the business organization mentioned above, presently qualifying or attempting to qualify another business organization? \_\_\_\_\_  
  
If so, give name of the business organization(s) that is qualified or is to be qualified by the applicant. \_\_\_\_\_
3. Will there be any ownership by the applicant of the business organization named in question 1 above? \_\_\_\_\_ If so, give details by attachment.

4. Will there be any ownership by the applicant of the business organization named in question 2 above?\_\_\_\_\_ If so, give details by attachment.
5. Is the business organization a subsidiary of, or a joint venture with, any firm named in answer to question 2.  
  
If so, give details by attachment.
6. If qualifying a corporation, a list of all major stock holders will be required on a separate sheet of paper. (10% or more of outstanding stock)

**FLORIDA STATUTE 837.06 - FALSE OFFICIAL STATEMENTS.** Whomever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

We certify that all information herein contained is true and accurate including all statements attached.

SIGNED \_\_\_\_\_  
Person Authorized to Sign

TITLE \_\_\_\_\_

SIGNED \_\_\_\_\_  
Individual Qualifying Organization

TITLE \_\_\_\_\_

State of Florida  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_ who is (\_\_\_\_) personally known to me, or who (\_\_\_\_) has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Print/Type/Stamp Name of Notary

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires: \_\_\_\_\_

EMPLOYMENT EXPERIENCE RECORD

NOTE: START WITH MOST RECENT EMPLOYMENT FOR THE PAST 5 YEARS.

EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
EMPLOYMENT DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
DESCRIPTION OF DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
EMPLOYMENT DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
DESCRIPTION OF DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
EMPLOYMENT DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
DESCRIPTION OF DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
EMPLOYMENT DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
DESCRIPTION OF DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
EMPLOYMENT DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
DESCRIPTION OF DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOCUMENTS OF EXPERIENCE**

**PLEASE RETURN TO:**

Hernando County Development Depart.  
Contractor Certification  
789 Providence Blvd.  
Brooksville, FL 34601  
(352) 754-4050

Date: \_\_\_\_\_

Certificate Requested: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

A. Qualifying Agent Documenting Experience: \_\_\_\_\_

B. Company Name: \_\_\_\_\_

C. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D. Phone Number: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Business Home

E. License Number : \_\_\_\_\_

Tell in your own words what you know of the applicant's experience. Describe the type of work he/she performed and his/her position as apprentice, helper, journeyman, foreman, or supervisor. Describe the kind of buildings, structures, or projects worked upon. Give any other details that might aid in evaluating his/her experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Length of Time Known: From** \_\_\_\_\_ **To** \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledge before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_ who is (\_\_\_\_) personally know to me, or who (\_\_\_\_) has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Print/Type/Stamp/Name of Notary Public

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires: \_\_\_\_\_

**DOCUMENTS OF EXPERIENCE**

**Please return to:**

Hernando County Development Department  
20 North Main Street, Room 162  
Brooksville, FL 34601  
(352)754-4109

Date: \_\_\_\_\_

Certificate

Requested: \_\_\_\_\_

Applicant's

Name: \_\_\_\_\_

A. Qualifying Agent Documenting  
Experience: \_\_\_\_\_

B. Company  
Name: \_\_\_\_\_

C. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D. Phone Number: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Business Home

E. License Number: \_\_\_\_\_

Tell in your own words what you know of the applicant's experience. Describe the type of work he/she performed and his/her position as apprentice, helper, journeyman, foreman, or supervisor. Describe the kind of buildings, structures, or projects worked upon. Give any other details that might aid in evaluating his/her experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Length of Time Known: From** \_\_\_\_\_ **To** \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_ who ( )  
has produced \_\_\_\_\_ as identification or who ( ) is personally known to me.

\_\_\_\_\_  
Print/Type Stamp/Name of Notary Public

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires:

**LIST OF LAST FIVE CONTRACTED JOBS**

1. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Approximate Value of Job \$ \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Approximate Value of Job \$ \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Approximate Value of Job \$ \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Approximate Value of Job \$ \_\_\_\_\_

5. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Approximate Value of Job \$ \_\_\_\_\_