

**HERNANDO COUNTY DEVELOPMENT DEPARTMENT**  
**Contractor Licensing Division**  
**789 Providence Blvd.**  
**Brooksville, Florida 34601**  
**(352) 754-4050**

**Grand fathered Certificate Application**

The Hernando County Development Department has established criteria for obtaining a certificate of competency in Hernando County for persons qualifying under Hernando County Ordinance 2004-01 Grand fathered certificates:

"The Department shall be responsible for prescribing Grandfather Provisions to organizations which are in existence prior to the enactment of this code. Such provisions shall include but not be limited to proof of engaging in business of the applicable trade for (3) three consecutive years. (Such proof shall be in the form of a Hernando County occupational license for each of the (3) three years.) Pursuant to this code all Hernando County certificates for equivalent scope of work, shall be considered equal. Holders of such certificates shall have the same obligations, rights, rules and privileges."

1. **A business financial statement and a business credit report** must be submitted by the contractors/subcontractors already in business for three consecutive years in Hernando County. Credit reports must come from a nationally recognized agency and **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.
2. **A personal credit report and personal financial statement** may be substituted by those applicants who have been conducting business as an individual (full Legal Name).
3. **A back ground check** will be done on all applicants.
4. **As an applicant** if your application is denied you may appeal. And appear before the Board of Construction & Regulation.
5. **If appearance before the Board of Construction & Regulation** is requested or required and your application is denied, **You must wait 6 months before reapplying.**

**IF YOUR APPLICATION IS RECEIVED INCOMPLETE, YOU WILL BE NOTIFIED BY MAIL OF WHAT IS NEEDED TO COMPLETE IT. INCOMPLETE APPLICATIONS WILL NOT BE APPROVED. THERE WILL BE NO EXCEPTIONS.**

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

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

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

**PHOTO**

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

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

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

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

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

**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 #:(\_\_\_\_) \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

- a. **If qualifying a corporation, a list of all major stock holders will be required on a separate sheet of paper (all stock holders holding 10% or more of the outstanding stock).**
- b. **Any applicant applying for the issuance of a certificate to engage in contracting in other than his individual capacity, such as a partnership, corporation, business trust or other legal business entity, shall furnish as part of the application a statement that the applicant 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.**
  - (1) Any applicant qualifying to conduct business as a partnership said statement of shall be signed by **all** partners or, in the event of a limited partnership, by the **general** partners.
  - (2) Any applicant qualifying to conduct business as a corporation, said statement shall be contained in a copy of the official minutes of said corporation, certified and attested to by its secretary.
  - (3) Any applicant qualifying to conduct business as a business trust, joint venture or any other legal business entity, such statement shall be signed by the trustees, or by such other persons as will legally bind said business entity.

**Applicant to conduct business as:**

- INDIVIDUAL**                       **CO-PARTNERSHIP**
- CORPORATION**                       **OTHER (specify):** \_\_\_\_\_

License No. of any **CURRENT OR PREVIOUS** Florida Contractor's Registration or Certificate held by applicant in Florida:

\_\_\_\_\_ County/City

\_\_\_\_\_ License No.

\_\_\_\_\_ County/City

\_\_\_\_\_ License No.

List any other state in which you were licensed previously:

(Name of State)	(Type of License Held)		
(Town License Held In)	(Phone Number)		
(Address)	(City)	(State)	( Zip Code)

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

_____	_____
Class	Date
_____	_____
Class	Date

Schools	Name & Address	Dates	Graduate	Degree
High School				
College				
Voc/Business				
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:

**The following items must be submitted with the application:**

1. \$5,000 Bond made out to the Hernando County Board of County-Commissioners for local license. (Bond forms available)
2. Liability Insurance with limits of \$100,000.00 liability/\$25,000.00 property damage (with Hernando County shown as certificate holder);
3. Workmen's compensation;
4. A current Hernando County Occupational License;
6. Proof of Five (5) years of working in the area of applicable trade within the last seven (7) years; i.e. letters from Contractors, Suppliers, or Customers;
7. Have no judgements or valid complaints against applicant;
8. Not involved with past license under a different name that has been cited or fined;
9. Have not filed bankruptcy in the past seven (7) years;
10. Proof of No Criminal records. (Background check);
11. Net worth as listed below for the following categories of contractors:

General, Building, Residential Contractors	\$20,000.00
Sheet Metal, Roofing, Class A Air Conditioning, Class B Air Conditioning, Mechanical, Commercial Pool/Spa, Residential Pool/Spa, Plumbing, Underground Utility and Excavation, Electrical Unlimited, Alarm Systems 1 and 11 Solar Contractors	\$10,000.00
Swimming Pool/Spa Service Contractor	\$ 2,500.00
<b>Specialty Contractors:</b>	\$ 2,500.00
Accessory Structure, Aluminum Fabricating, Demolition, Elevator/Spec. Electrical, Excavation, Fence, Glass and Glazing, Gypsum Drywall, Insulation, Lawn Sprinkler Systems, Lighting Maintenance, Marine, Masonry, Natural Gas, Outdoor Sign Specialty Electrical, Plastering/Stucco, Residential Electrical, Residential Solar Water Heating,	\$2,500.00

Specialty Electrical, Specialty Structure, Steel Erection,  
Structural Carpentry, Structural Concrete, Tile, Tree Removal

**\*\*\*\*Net worth shall be defined to require a showing for all contractor licensure categories that the applicant has a minimum of 50% of the amount in cash. Cash shall be defined to include a line of credit.\*\*\*\***

12. Letters from contractor whom you have worked for doing the work of the type license you are applying for;
13. List of permits pulled in other counties, cities;
14. List of complaints originating from violation of state, county or municipal codes or ordinances, taken against applicant; If any **MUST** appear before the Board of Construction & Regulation.
15. Credit reports from any nationally recognized credit bureau dated within six (6) months of application. The credit reports must be for the **applicant** and the **business entity** (if applicable);
16. 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.**

17. **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 or 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 seven (7) 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, shall sign below:

**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, if applicant qualifying corporation)

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: \_\_\_\_\_

# PERSONAL FINANCIAL STATEMENT

(Only for Individuals doing business as Individuals)

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.**

\_\_\_\_\_  
Applicant's Signature

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

Business 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>	\$ _____

**TOTAL ASSETS** \$ \_\_\_\_\_

**TOTAL LIABILITIES** (-) \$ \_\_\_\_\_

**NET WORTH** \$ \_\_\_\_\_

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

\_\_\_\_\_  
Applicant's Signature

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 Signature:
- 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 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:  
\_\_\_\_\_

## 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.

#### 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 board's 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 board's 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.

- (b) 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 above? \_\_\_\_\_ **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)



**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:** \_\_\_\_\_

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

## CHECKLIST

### APPLICATIONS FOR GRAND FATHERED CERTIFICATES

**PLEASE NOTE: THAT 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) Business Credit Report from a local Credit Bureau applied for. (Copy of paid receipt acceptable as proof)
- \_\_\_\_(2) A small photograph of the applicant is attached to the application.
- \_\_\_\_(3) The Business 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 application.)**
- \_\_\_\_(4) The Employment section of application is completed.
- \_\_\_\_(5) Correct address, phone number, and business name (if applicable) are on the application.
- \_\_\_\_(6) A copy of my Florida Identification and/or Driver's License is attached.
- \_\_\_\_(7) Application fee of \$50.00.
- \_\_\_\_(8) Background Check fee of \$35.00
- \_\_\_\_(9) Copies of occupational licenses for last 5 years (if applicable).
- \_\_\_\_(10) Completed Choice Point Questionnaire.

You will be required to submit a bond, proof of liability insurance, workmen's compensation, occupational license, state registration and additional fee to obtain your certificate if your application is approved.

**ALL OF THESE ITEMS MUST BE ISSUED TO READ IN THE NAME WHICH APPEARS IN THE APPLICANTS REGISTRATION IF APPLICABLE, OR THE NAME WHICH APPEARS ON THE APPLICANTS NEW HERNANDO COUNTY CERTIFICATE OF COMPETENCY.**

**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.

**I hereby certify that I have read and understand the necessary requirements to obtain a Hernando County Certificate of Competency.**

Date \_\_\_\_\_

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Applicant's Signature

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.

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

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

My Commission Expires:

\_\_\_\_\_

**DOCUMENT OF EXPERIENCE**

Certification Requested: \_\_\_\_\_ Date: \_\_\_\_\_

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

Person Documenting Experience: \_\_\_\_\_

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

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

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

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

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, supervisory employee, or contractor. 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:** \_\_\_\_\_

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

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

Subscribed and sworn to 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 Public

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

**Mail To: Hernando County Development Dept.  
789 Providence Blvd.  
Brooksville, FL. 34601**

**DOCUMENT OF EXPERIENCE**

Certification Requested: \_\_\_\_\_ Date: \_\_\_\_\_

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

Person Documenting Experience: \_\_\_\_\_

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

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

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

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

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, supervisory employee or contractor. 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:** \_\_\_\_\_

\_\_\_\_\_  
**Print Name** **Signature**

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

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

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

\_\_\_\_\_  
Print/type name of Notary Public

My Commission Expires:

Mail to: Hernando County Development Dept.  
789 Providence Blvd.  
Brooksville, FL. 34601