

**HERNANDO COUNTY  
CONTRACTORS LICENSING  
RECIPROCITY APPLICATION CHECKLIST**

**NAME OF APPLICANT:** \_\_\_\_\_

**D/B/A:** \_\_\_\_\_

**TYPE OF LICENSE APPLIED FOR:** \_\_\_\_\_

Reciprocity may be granted to contractors who have been licensed in another jurisdiction within the State of Florida, and meet the minimum certification requirements set forth in Hernando County Ordinance 2002-21. Approved contractors may be issued a certificate of competency for the trade being applied for, which is equal to, in all respects, certificates issued in accordance with Hernando County Code of Ordinance. To be considered for reciprocity, the applicant shall submit the following:

\_\_\_\_\_ 1. A **Letter of Reciprocity** from the jurisdiction responsible for initial licensing. Letter of reciprocity shall include: length of licenser, test score results from a proctored Florida testing firm with a minimum test score of 75 % percent on both the trade exam and the business and law exam, complaint background, current status of license, and a statement that the license has not been suspended or revoked within four (4) years prior to the application for reciprocity.

**Your letter of reciprocity must show you have four (4) years minimum experience.** If your letter shows you have had a **license for at least four (4) years**, you qualify. If your letter states you **were required to show four (4) years to get your license**, you qualify. If your letter demonstrates a **combination of either equaling four (4) years**, you qualify.

\_\_\_\_\_ 2. Remittance of **non-refundable** application/background check fee of \$85.00.

\_\_\_\_\_ 3. Proof of compliance with workers' compensation law.

\_\_\_\_\_ 4. Proof of liability insurance with Hernando County as the certificate holder.

\_\_\_\_\_ 5. Possession of a Hernando County bond in the amount of \$5,000.00.

\_\_\_\_\_ 6. Completed application form for reciprocity.

\_\_\_\_\_ 7. Completed Choice Point Questionnaire. (**This will be used to request criminal background search**)

\_\_\_\_\_ 8. Copy of State License if applicable.

\_\_\_\_\_ 9. Two copies of a valid driver's license (one to use for the photo and one to put in the file).

\_\_\_\_\_ 10. Upon approval of application, remittance of the applicable **\$200.00** license fee.

**Reciprocity may be denied to an applicant if any provision of this section is not complied with, or the applicant fails to meet the minimum certification requirements for the license being applied for.**

**If appearance before the Board of Construction & Regulation is requested or required and your application is denied, You must wait 6 months before reapplying.**

**NOTICE TO APPLICANT**

Please inform the municipality providing your letter of reciprocity that the following items need to be included in their letter:

1. Length of licensing.
2. If the length of licensing is less than four (4) years, a statement indicating how many years experience was required to obtain license.
3. Test score results from a proctored examination administered and proctored by a Florida testing firm with a minimum test score of 75% on the trade exam and the business and law exam.
4. Current status of license.
5. Complaint Background (if any).
6. A statement as to whether the license has been suspended or revoked within the last five (5) years.

**PLEASE RETURN FORMS TO:**

**HERNANDO COUNTY DEVELOPMENT DEPT.  
CONTRACTOR CERTIFICATION  
789 PROVIDENCE BLVD.  
BROOKSVILLE, FL 34601**

**HERNANDO COUNTY APPLICATION  
FOR RECIPROCITY LICENSE**

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**ALL INFORMATION MUST BE  
COMPLETED ON THE INDIVIDUAL  
BEING ISSUED THE LICENSE**

**PLEASE TYPE OR PRINT LEGIBLY**

Type of work being performed: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_\_\_ Drivers License #: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

COLOR OF EYES \_\_\_\_\_ COLOR OF HAIR: \_\_\_\_\_

**BUSINESS NAME**

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**BUSINESS ADDRESS:**

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE:( ) \_\_\_\_\_ CELL/TOLL FREE: \_\_\_\_\_

FAX:( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**APPLICANT TO CONDUCT BUSINESS AS:**

( ) INDIVIDUAL \_\_\_\_\_ ( ) CO-PARTNERSHIP \_\_\_\_\_

( ) CORPORATION \_\_\_\_\_ ( ) OTHER \_\_\_\_\_

IF OTHER, PLEASE SPECIFY:

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

IF CORPORATION, PLEASE PROVIDE NAMES OF OFFICERS OTHER THAN YOURSELF:

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

ARE THERE ANY OTHER QUALIFYING AGENTS OF THIS CORPORATION? \_\_\_ Yes \_\_\_ No

IF SO WHOM \_\_\_\_\_

( ) PRIMARY OR ( ) SECONDARY

IF CONDUCTING BUSINESS IN ANY FORM OTHER THAN AN INDIVIDUAL, HOW LONG HAVE YOU BEEN THE QUALIFYING AGENT FOR THE ABOVE NAME ENTITY? \_\_\_\_\_

WHAT OTHER COUNTIES OR MUNICIPALITIES ARE YOU CURRENTLY WORKING IN OR HAVE WORKED IN WITHIN THE PAST TWO (2) YEARS?

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

**PLEASE FURNISH WITH THIS REGISTRATION FORM THE FOLLOWING:**

- 1. Proof of compliance with Workers' Compensation Law(either a certificate of insurance or a valid exemption).**
- 2. Two copies of a valid driver's license. ( One to be used as photo and one for file).**
- 3. Non-refundable Application/Background check fee of \$85.00.**

**PLEASE NOTE THE COMPANY NAME APPEARING ON THE**

**LICENSE MUST BE USED ON ALL PERMIT APPLICATIONS**

**\*\*\*HAVE YOU THE APPLICANT 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 expunging 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.

**FLORIDA STATUE 837.06 - FALSE OFFICIAL STATEMENTS.** Whoever 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 CONFIRM THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signature of License Holder

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

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.

\_\_\_\_\_  
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 action of said business entity as they relate to its construction business.**

Further, I understand that the Hernando County Development Departments 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 of applicable federal and state taxes.

- 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:**

\_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Name

\_\_\_\_\_

Title

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**

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