



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Avenue, Suite B-21
Lake City, FL 32055
Phone: 386-719-2023

July 13, 2009

License Renewal Notice

Dear Columbia County Competency Card Holders:

Your Active or Inactive Competency Card(s) will expire on September 30, 2009.

After September 30, 2009 your license will automatically become involuntarily inactive and will require you to pay double the fee to renew your license for either active or inactive status.

No faxes will be accepted. Have the insurance company send you the certificates of insurance to become part of your complete renewal application. Only completed applications will be accepted.

Mail or bring in the following updated items to renew your Competency Card(s).

1. Complete the enclosed Certificate of Competency Renewal Application; and
2. Copy of your Workers' Compensation Exemption Card, if applicable; or
3. Copy of your Workers' Compensation Insurance Certificate, listing all covered employees; and
4. Copy of your General Liability Insurance including policy limits (No Declaration Policies); and
5. Copy of your Articles of Incorporation, if applicable; and
6. Copy of your State of Florida Registration Card, if applicable.

"Certificate Holder" on Certificates of Insurance has to be:

Columbia County Building Department
135 NE Hernando Ave, Suite B-21
Lake City, FL 32055

You may renew 90 days prior to September 30, 2009. See the attached fee schedule and insurance limits for each trade.

Sincerely,

A handwritten signature in cursive script that reads "John D. Kerce".

John Kerce, Building & Zoning Coordinator
Columbia County

COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Avenue, Lake City, FL 32055
Phone: (386) 719-2023

CERTIFICATE OF COMPETENCY RENEWAL APPLICATION

Please complete application in ink (please print) or type. Make check payable to BCC (Board of County Commissioners.) Please read all instructions and make sure you have signed where indicated.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

See attachment for license category fees.

1. Contractors Name _____ Date of Birth _____
Residence Address _____
Street _____ City _____ State _____ Zip _____
2. Name of Company _____
Business Address _____
Street _____ City _____ State _____ Zip _____
3. Home Phone _____ Office Phone _____ Cell Phone _____
4. Classification Requested: _____ Active _____ Voluntary Inactive _____ Re-application of Columbia Co. Competency Card
Business Status: _____ Individual _____ Corporation _____ Partnership _____ Limited Liability Company
5. List all license categories you want to renew _____
6. List all state registration numbers, if applicable _____

7. **LICENSE HOLDER RESPONSIBILITY QUESTIONS**

Indicate your response by Circling "Yes" or "No" to all of the questions below, if you answer Yes to any of the questions you must provide an explanation, you may use the back of this form.

1. In the past three years have you been refused a certificate of competency or other professional license, or had such a license suspended or revoked? **Yes No**
2. During the past three years have you had any business complaints filed against you or a business you owned or managed, through a trade association, a Better Business Bureau, or other non Governmental agency? **Yes No**
3. Has any federal, state, county, or other governmental agency filed any business, civil, or criminal complaints against you during the past three years? **Yes No**
4. Are there any outstanding labor or material liens against you or your company? **Yes No**
5. Have you as a licensed contractor in this or any other state, been subject to any disciplinary action by state, county or municipality? **Yes No**

Any willful falsification of any information herein, including all supplementary pages, is grounds for disqualification to hold a license.

License Holders Signature

Date

**COLUMBIA COUNTY, FLORIDA
 CERTIFICATE OF COMPETENCY
 FEE SCHEDULE**

Category	Active	Voluntary Inactive
Residential, Building, General	\$125.00	\$50.00
Air Conditioning A, B, C	\$100.00	\$50.00
Mechanical, Commercial Pool	\$100.00	\$50.00
Residential Pool, Pool Servicing	\$100.00	\$50.00
Electrical, Plumbing, Roofing	\$100.00	\$50.00
Each Specialty category	\$100.00	\$50.00

**MINIMUM GENERAL LIABILITY
 INSURANCE REQUIRED**

Category	Bodily Injury Liability & Property Damage Limits
Residential, Building, General	\$300,000.00
Air Conditioning A, B, C	\$100,000.00
Mechanical, Commercial Pool	\$100,000.00
Residential Pool, Pool Servicing	\$100,000.00
Electrical, Plumbing, Roofing	\$100,000.00
Each Specialty category	\$100,000.00

**All Insurance Certificates need to have: Columbia County Building Department
 135 NE Hernando Avenue,
 As the “Certificate Holder”: Lake City, FL 32055**

BUSINESS AFFIDAVIT

The undersigned hereby makes application for licensure and vouches for the truth and accuracy of all statements and answers herein contained.

The undersigned hereby certifies that he/she will act only for himself/herself, or that he/she is legally qualified to act on behalf of the business organization sought to be certified in all matters connected with its contracting business and that he/she has full authority to supervise construction undertaken by himself/herself or such business or organization, and that he/she will continue during this certification to be able to so bind or act for this business organization, and will immediately notify the Board of any change in this position.

Any willful falsification of any information contained in this application or an attached form is grounds for disqualification.

Printed Name of License Holder

(Notarized) Signature of License Holder

STATE OF FLORIDA

COUNTY OF _____

Sworn and subscribed to before me this _____ day of _____, 20____ who is personally known to me or has produced as identification _____.

(Seal/Stamp)

Signature of Notary

Print Name of Notary

EXHIBIT "A"

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