

CHECKLIST of DOCUMENTS NEEDED

- THREE CONTRACTOR AFFIDAVITS OF WORK EXPERIENCE.

- CERTIFICATE OF LIABILITY OF INSURANCE FROM THE INSURANCE CO. SHOWING COLUMBIA COUNTY AS THE CERTIFICATE HOLDER.

- PICTURE IN SIZE @ 1 ½ X 1 ½.

- APPLICATION MUST BE COMPLETELY FILLED OUT.

- NOTARIZED BUSINESS AFFIDAVIT

- PROVIDE THE *ARTICLES OF INCORPORATION* OBTAINED FROM THE STATE OF FLORIDA – DIVISION OF CORPORATIONS. (THESE DOCUMENTS MUST BE TURNED IN WITH APPLICATION/OR YOU MUST PROVIDE COVERAGE OF WORKERS' COMP. INSURANCE).

- IF YOU ELECT TO BE IN PARTNERSHIP YOU MUST PROVIDE WORKERS' COMP. INSURANCE . (DIVISION OF WORKERS' COMP. NO LONGER EXEMPT INDIVIDUALS OR THOSE IN PARTNERSHIP. EFFECTIVE 01-01-2004.

- WEBSITE ADDRESS TO BECOME AN LLC /INCORPORATED IS www.sunbiz.org

- WEBSITE ADDRESS TO BECOME EXEMPT THROUGH DIVISION OF WORKERS' COMP. IS: www.fldfs.com/WC/index.htm.

ANY QUESTIONS SHALL BE DIRECTED TO THE BUILDING & ZONING DEPARTMENT:
@ 386-719-2023 - 8:00 A.M. TO 5 P.M.

COMPETENCY ADVISORY BOARD MEETS ON THE 4TH MONDAY OF EACH MONTH
UNLESS OTHERWISE NOTED.

DEFINITIONS-- AS USED IN THIS ACT SPECIALTY CONTRACTORS DEFINED BY THE COLUMBIA COUNTY COMPETENCY ADVISORY BOARD.

1. MASON means a Specialty Contractor whose services are limited to building with stone, brick, block, etc.
2. CONCRETE FINISHER means a Specialty Contractor whose services are limited to finishing concrete, installing footers (foundations), concrete slabs, etc.
3. PAINTING means a Specialty Contractor whose services are limited to painting.
4. ALUMINUM / VINYL SIDING means a Specialty Contractor whose services are limited to the installation screen rooms, patio enclosures, etc. and aluminum/vinyl siding.
5. INSULATION CONTRACTOR means a Specialty Contractor whose services are limited to blown-in insulation, sub-siding, foam-board fiberglass batts, etc.

THE FOLLOWING ARE IN ORDER OF SKILL REQUIRED & NECESSARY FOR THE INSTALLATION OF : DRYWALL, PLASTER AND STUCCO.

6. DRYWALL means a Specialty Contractor whose services are limited to the installation of drywall.
7. PLASTER means a Specialty Contractor whose services are limited to the installation of drywall and plaster.
8. STUCCO means a Specialty Contractor whose services are limited to the installation of drywall, plaster and stucco.
9. GLASS means a Specialty Contractor whose services are limited to the installation of glazed glass or manufactured glass units.
10. GARAGE DOOR INSTALLER means a Specialty Contractor whose services are limited to the installation of manufactured garage door units.
11. FLOOR COVERING means a Specialty Contractor whose services are limited to installing floor covering, such as carpet, linoleum, congoleum, etc.
12. CERAMIC TILE means a Specialty Contractor whose services are limited to the installing ceramic tile.
13. CABINET INSTALLER means a Specialty Contractor whose services are limited to the installing cabinets.
14. ACOUSTICAL CEILING means a Specialty Contractor whose services are limited to the installing acoustical ceilings.
15. FRAMING CONTRACTOR means a Specialty Contractor whose services are limited to framing, finish carpentry, the installation of manufactured windows, door units and decks.
16. METAL BUILDING ERECTOR means a Specialty Contractor whose services are limited erecting metal buildings.

IN THIS SPACE
Place full-faced
view photograph
(1 1/2 x 1 1/2 min.)
A clear and
recognizable
likeness.

COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS
BUILDING & ZONING DEPARTMENT
P.O. DRAWER 1529
LAKE CITY, FL 32056
(386) 719-2023

APPLICATION FOR CONTRACTOR'S CERTIFICATE OF COMPETENCY

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

1. Applicant's Name _____
Last First Middle

Residential
Address _____

2. Name of Business _____

Business
Address _____

Mailing
Address _____

Home Phone () _____ Office Phone () _____ Cell Phone () _____

Date of Birth _____

3. Classification Requested: _____ Active Status
_____ Voluntary Inactive Status
_____ Involuntary Inactive Status
_____ Re-application Status

Individual _____ Corporation _____ LLC _____ Other _____

4. Circle category (s) requested:

General Building Residential Sheet Metal Roofing

Air Conditioning "A" Air Conditioning "B" Air Conditioning "C"

Mechanical Commercial Pool Residential Pool Swimming Pool Servicing

Electrical Plumbing Solar Contractor

Specialty: _____
(Type Specialty Category Requested)

5. List all state registration numbers: (For State of Florida Exams)

State Registered No.'s _____ State Registered No.'s _____

6. **DO YOU HAVE EMPLOYEES IN YOUR BUSINESS? YES _____ OR NO _____

If yes; How many? _____ Are they covered by Worker's Comp. Insurance? If yes; please provide Worker's Compensation or exemption. If no, please state reason.

7. Under penalties of perjury, I declare that I have read the foregoing statements, and that the facts are true to the best of my knowledge and belief.

APPLICANT'S SIGNATURE

DATE

WORK EXPERIENCE:

YEARS :

TYPE:

EDUCATION:

HIGH SCHOOL: _____

COLLEGE: _____

NAMES OF THREE (3) CHARACTER REFERENCES:

- | | |
|----------|-------------|
| 1. _____ | PHONE _____ |
| 2. _____ | PHONE _____ |
| 3. _____ | PHONE _____ |

NAMES OF THREE (3) CREDIT REFERENCES:

<u>BUSINESS NAME</u>	<u>CONTACT PERSON</u>	<u>PHONE</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

IF ANY OF THIS INFORMATION IS NOT COMPLETE, YOUR APPLICATION WILL NOT BE SUBMITTED AS PER THE COLUMBIA COUNTY COMPETENCY ADVISORY BOARD.

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



Columbia County Building Department Competency Advisory Board

CONTRACTOR AFFIDAVIT OF WORK EXPERIENCE

NOTE: This form must be signed by an active licensed contractor who is State Registered or State Certified as a Residential, Building or General contractor in the State of Florida.

All areas of this form must be filled out or it is not a valid affidavit.

I hereby certify that I have direct personal knowledge and I am attesting to this person's knowledge, skills and abilities in each construction trade circled below. For

_____ (Applicants Name) (Circle all that apply)

Mason, Concrete Finisher, Painting, Aluminum/Vinyl Siding, Insulation, Drywall, Plaster, Stucco, Glass, Garage Door Installer, Floor Covering, Ceramic Tile, Cabinet Installer, Acoustical Ceiling, Framing, Metal Building Erector
(See the attached Specialty Contractor list for descriptions of each trade.)

Provide a brief summary of your knowledge of the applicant.

I am an active Certified or Registered Contractor in the State of Florida, my license number is _____. Print Contractors name: _____

Contractors Signature _____ Date _____

Business Name: _____

Phone: _____ Address: _____

NOTARY PUBLIC: Subscribed before me this _____ day of _____, _____,

Notary Signature

Seal/Stamp



Columbia County Building Department Competency Advisory Board

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Business Name: _____

Phone: _____ Address: _____

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Notary Signature

Seal/Stamp

EXHIBIT "A"

**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 needs to have: Columbia County Building Department
135 NE Hernando Avenue,
As the "Certificate Holder": Lake City, FL 32055**