IN THIS SPACE
Place full-faced view photograph (1 ½ x 1 ½ min.) A clear and recognizable likeness.

COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS
BUILDING & ZONING DEPARTMENT
P.O. DRAWER 1529
LAKE CITY, FL 32O56
(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 Addresss_____

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**