REGISTERED CONTRACTORS

CHECKLIST OF DOCUMENTS NEEDED

DO NOT FAX, BRING ALL DOCUMENTS WITH THIS APPLICATION

☐ LETTER OF RECIPROCITY FROM YOUR TEST SPONSORING COUNTY.
   This letter must be an original sent from the County.

☐ CERTIFICATE OF LIABILITY INSURANCE FROM THE INSURANCE COMPANY
   SHOWING COLUMBIA COUNTY AS THE CERTIFICATE HOLDER.....

Columbia County Building Department
135 NE Hernando Avenue,
Lake City, FL  32055

☐ PROVIDE THE ARTICLES OF INCORPORATION OBTAINED FROM THE STATE OF
   FLORIDA – DIVISION OF CORPORATIONS. OR YOU MUST PROVIDE A
   CERTIFICATE OF WORKERS’ COMP. INSURANCE COVERAGE.

☐ PROVIDE A COPY OF YOUR WORKERS’ COMP. EXEMPTION CARD OR YOU MUST
   PROVIDE A CERTIFICATE OF WORKERS’ COMP. INSURANCE COVERAGE.

☐ APPLICATION MUST BE COMPLETELY FILLED OUT.

☐ NOTARIZED BUSINESS AFFIDAVIT

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

WEBSITE TO BECOME AN LLC OR INCORPORATED IS: www.sunbiz.org

WEBSITE TO BECOME EXEMPT THROUGH DIVISION OF WORKERS’ COMP. IS:
   wwwfldfs.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.
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
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.

Name of Business __________________________________________________________

______________________________
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”

COLUMBIA COUNTY, FLORIDA
CERTIFICATE OF COMPETENCY
FEE SCHEDULE

<table>
<thead>
<tr>
<th>Category</th>
<th>Active</th>
<th>Voluntary Inactive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential, Building, General</td>
<td>$125.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Air Conditioning A, B, C</td>
<td>$100.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Mechanical, Commercial Pool</td>
<td>$100.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Residential Pool, Pool Servicing</td>
<td>$100.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Electrical, Plumbing, Roofing</td>
<td>$100.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Each Specialty category</td>
<td>$100.00</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

MINIMUM GENERAL LIABILITY
INSURANCE REQUIRED

<table>
<thead>
<tr>
<th>Category</th>
<th>Bodily Injury Liability &amp; Property Damage Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential, Building, General</td>
<td>$300,000.00</td>
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<tr>
<td>Air Conditioning A, B, C</td>
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</tr>
<tr>
<td>Mechanical, Commercial Pool</td>
<td>$100,000.00</td>
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<td>Each Specialty category</td>
<td>$100,000.00</td>
</tr>
</tbody>
</table>

All Insurance Certificates needs to have: Columbia County Building Department
135 NE Hernando Avenue,
Lake City, FL 32055

As the “Certificate Holder”: