RENEWAL CHECKLIST OF DOCUMENTS NEEDED

DO NOT FAX, BRING ALL DOCUMENTS WITH THIS APPLICATION

☐ 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.

☐ 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.

☐ APPLICATION MUST BE COMPLETELY FILLED OUT.

WEBSITE TO BECOME AN LLC ORINCORPORATED 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.
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
   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非 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
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
COLUMBIA COUNTY, FLORIDA  
CERTIFICATE OF COMPETENCY  
FEE SCHEDULE  

(AFTER SEPTEMBER 30th ALL FEES DOUBLE)

<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>
<td>$100,000.00</td>
</tr>
<tr>
<td>Mechanical, Commercial Pool</td>
<td>$100,000.00</td>
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</tbody>
</table>

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