

REGISTERED CONTRACTORS

CHECKLIST OF DOCUMENTS NEEDED

DO NOT FAX, BRING ALL DOCUMENTS WITH THIS APPLICATION

COPY OF STATE REGISTERED LICENSE

- ☐ 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:
www.fldfs.com/WC/index.htm

ANY QUESTIONS SHALL BE DIRECTED TO THE BUILDING & ZONING DEPARTMENT:
BLDGINFO@COLUMBIACOUNTYFLA.COM or 386-758-1008 - 8:00 A.M. TO 4:30 P.M.

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 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

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**

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