



CITY OF OCALA

LICENSING & CERTIFICATION
P.O. BOX 1270 OCALA, FL 34478
(352) 629-8421
(352) 629-6432 FAX

APPLICATION FOR CONTRACTOR'S CERTIFICATION

PLEASE SUBMIT A \$75.00 NON-REFUNDABLE APPLICATION FEE
RENEWABLE ANNUALLY

****REGISTERED CONTRACTORS PLEASE SUBMIT LETTER OF RECIPROCITY
PLEASE SUBMIT A CURRENT STATE REGISTRATION CARD IF APPLICABLE

DATE: _____

NAME OF BUSINESS: _____

NAME OF APPLICANT: _____

PHYSICAL BUSINESS ADDRESS: _____

BUSINESS PHONE: # _____ HOME PHONE: # _____

HOME MAILING ADDRESS: _____

_____ CITY

STATE

ZIP CODE

STATE REG NUMBER: _____ STATE TAX ID _____

NUMBER OF EMPLOYEES: _____ DATE OF BIRTH: _____

PLEASE LIST ADDRESS WHERE YOU HAVE LIVED DURING THE PAST 5 YEARS
(GIVE COMPLETE ADDRESS)

ADDRESS

CITY

STATE ZIP CODE

NAME AND ADDRESS OF (5) CONTRACTORS, ARCHITECTS, ENGINEERS AND/OR ANY
OTHER PERSONS HAVING KNOWLEDGE OF YOUR PROFESSIONAL CONDUCT. PLEASE
GIVE COMPLETE ADDRESS WITH ZIP CODES FOR MAILING.

1. _____
2. _____
3. _____
4. _____
5. _____

EDUCATIONAL TRAINING AND/OR EXPERIENCE:

PLEASE CHECK CATEGORY YOU WISH TO APPLY FOR:

CLASS "A" GENERAL CONTR _____	CLASS "A" HARV _____
CLASS "B" BUILDING CONTR _____	CLASS "B" HARV _____
CLASS "C" RESIDENTIAL CONTR _____	COMM POOL / SPA _____
MASTER ELECTRICIAN _____	RES POOL/SPA _____
MASTER PLUMBER W/ GAS _____	POOL/SPA SERV _____
UNDERGROUND UTILITY _____	ROOFING UNLIMITED _____

OTHER CATEGORY, PLEASE SPECIFY: _____

IF QUALIFYING AS A SUB-CONTRACTOR, I CERTIFY THAT ALL MY BUILDING ACTIVITIES WILL AT ALL TIMES BE UNDER THE DIRECT SUPERVISION AND MANAGEMENT OF A CERTIFIED GENERAL, BUILDING OR RESIDENTIAL CONTRACTOR, OR AN OWNER-BUILDER AS ALLOWED BY LAW.

***IF NOT COMPLETED WITHIN 60 DAYS, THIS APPLICATION BECOMES INVALID.**

BUSINESS ORGANIZATIONS; QUALIFYING AGENTS

- (1) IF AN INDIVIDUAL PROPOSES TO ENGAGE IN CONTRACTING IN HIS OWN NAME, REGISTRATION OR CERTIFICATION MAY BE ISSUED ONLY TO THAT INDIVIDUAL.
- (2) IF THE APPLICANT PROPOSES TO ENGAGE IN CONTRACTING AS A BUSINESS ORGANIZATION, INCLUDING ANY PARTNERSHIP, CORPORATION, BUSINESS TRUST, OR OTHER LEGAL ENTITY, OR IN ANY NAME OTHER THAN HIS LEGAL NAME, THE BUSINESS ORGANIZATION MUST APPLY FOR CERTIFICATION OR REGISTRATION THROUGH A QUALIFYING AGENT, OR THE INDIVIDUAL APPLICANT MUST APPLY FOR CERTIFICATION OR REGISTRATION UNDER THE FICTITIOUS NAME.
 - (A) THE APPLICATION MUST STATE THE NAME OF THE PARTNERSHIP AND OF ITS PARTNERS; THE NAME OF THE CORPORATION AND OF ITS OFFICERS AND DIRECTORS AND THE NAME OF EACH OF ITS STOCKHOLDERS WHO IS ALSO AN OFFICER OR DIRECTOR; THE NAME OF THE BUSINESS TRUST AND ITS TRUSTEES; OR THE NAME OF SUCH OTHER LEGAL ENTITY AND ITS MEMBERS; AND MUST STATE THE FICTITIOUS NAME, IF ANY UNDER WHICH THE BUSINESS ORGANIZATION IS DOING BUSINESS.

NAME	ADDRESS	POSITION	PHONE#
_____	_____	_____	_____
_____	_____	_____	_____

THE QUALIFYING AGENT SHALL BE CERTIFIED OR REGISTERED UNDER THIS PART IN ORDER FOR THE BUSINESS ORGANIZATION TO BE CERTIFIED OR REGISTERED IN THE CATEGORY OF THE BUSINESS CONDUCTED FOR WHICH THE QUALIFYING AGENT IS CERTIFIED OR REGISTERED. IF ANY QUALIFYING AGENT CEASES TO BE AFFILIATED WITH SUCH BUSINESS ORGANIZATION; HE SHALL SO INFORM THE LICENSING AND CERTIFICATIONS DIVISION. IN ADDITION, IF SUCH QUALIFYING AGENT IS THE ONLY CERTIFIED OR REGISTERED CONTRACTOR AFFILIATED WITH THE BUSINESS ORGANIZATION, THE BUSINESS ORGANIZATION SHALL NOTIFY THE LICENSING AND CERTIFICATIONS DIVISION OF THE TERMINATION OF THE QUALIFYING AGENT AND SHALL HAVE 60 DAYS FROM THE TERMINATION OF THE QUALIFYING AGENT'S AFFILIATION WITH THE BUSINESS ORGANIZATION IN WHICH TO EMPLOY ANOTHER QUALIFYING AGENT. THE BUSINESS ORGANIZATION MAY NOT ENGAGE IN CONTRACTING UNTIL A QUALIFYING AGENT IS EMPLOYED, UNLESS THE BUILDING OFFICIAL HAS GRANTED A TEMPORARY NONRENEWABLE CERTIFICATE OR REGISTRATION TO THE FINANCIALLY RESPONSIBLE OFFICER, THE PRESIDENT, THE SOLE PROPRIETOR, A PARTNER, OR, IN THE CASE OF A LIMITED PARTNERSHIP, THE GENERAL PARTNER, WHO ASSUMES ALL RESPONSIBILITIES OF A PRIMARY QUALIFYING AGENT FOR THE ENTITY. THIS TEMPORARY CERTIFICATE OR REGISTRATION SHALL ONLY ALLOW THE ENTITY TO PROCEED WITH INCOMPLETE CONTRACTS AS DEFINED IN S.489.121.

IF QUALIFYING AS A FIRM OR CORPORATION, I CERTIFY THAT THE BUSINESS OF SUCH FIRM OR CORPORATION WILL AT ALL TIMES BE UNDER MY DIRECT SUPERVISION AS MANAGEMENT.

FINANCIAL RESPONSIBILITY

ALL APPLICANTS MUST READ THE FOLLOWING STATEMENTS. IF YOU ANSWER "YES" TO ANY OF THEM, A FULL EXPLANATION IS REQUIRED. IF YOU ARE APPLYING TO QUALIFY A CORPORATION, PARTNERSHIP OR OTHER LEGAL BUSINESS ENTITY, OFFICERS OF THAT ENTITY MUST ALSO EXPLAIN IF ANY OF THE BELOW WOULD PERTAIN TO THEM. THIS WOULD INCLUDE THE PRESIDENT, VICE PRESIDENT, SECRETARY, AND/OR PARTNERS, OR OWNER OF THE PROPRIETORSHIP.

HAVE YOU (OR A PARTNERSHIP IN WHICH YOU WERE A PARTNER OR AN AUTHORIZED REPRESENTATIVE, OR A CORPORATION IN WHICH YOU WERE AN OFFICER OR AN AUTHORIZED REPRESENTATIVE) EVER:

- | YES | NO | |
|-----|-----|---|
| ___ | ___ | A. UNDERTAKEN CONSTRUCTION CONTRACTS OR WORK THAT A BONDING OR SURETY COMPANY COMPLETED OR MADE FINANCIAL SETTLEMENTS ON? |
| ___ | ___ | B. HAD CLAIMS OR LAWSUITS FILED FOR UNPAID OR PAST DUE ACCOUNTS BY YOUR CREDITORS AS A RESULT OF CONSTRUCTION OPERATIONS? |
| ___ | ___ | C. UNDERTAKEN CONSTRUCTION CONTRACTS OR WORK WHICH RESULTED IN LIENS, SUITS OR JUDGEMENTS BEING FILED? |
| ___ | ___ | D. HAD A LIEN OF RECORD FILED AGAINST YOU BY THE U.S. INTERNAL REVENUE SERVICE OR FLORIDA CORPORATE TAX DIVISION? |
| ___ | ___ | E. MADE AN ASSIGNMENT OF ASSETS IN SETTLEMENT OF CONSTRUCTION OBLIGATIONS FOR LESS THAN THE DEBTS OUTSTANDING? |
| ___ | ___ | F. BEEN CHARGED WITH OR CONVICTED OF ACTING AS A CONTRACTOR WITHOUT A LICENSE, OR IF LICENSED AS A CONTRACTOR IN THIS OR ANY OTHER STATE, HAD A DISCIPLINARY ACTION (INCLUDING PROBATION, FINE, OR REPRIMAND) AGAINST SUCH LICENSE BY A STATE, COUNTY, OR MUNICIPALITY? |
| ___ | ___ | G. FILED FOR BANKRUPTCY WITHIN THE PAST FIVE YEARS? |
| ___ | ___ | H. BEEN FOUND GUILTY OF ANY CRIME OTHER THAN A TRAFFIC VIOLATION? |

NOTE: THE BOARD OF EXAMINERS AND APPEALS REQUIRES "ANY LICENSEE WHO ANSWERS "YES" TO ANY CONSTRUCTION RELATED QUESTION CONTAINED IN THE FINANCIAL RESPONSIBILITY SECTION OF THE APPLICATION MUST SUPPLY A COMPLETE EXPLANATION OF THE RESPONSE, AND INCLUDE A STATEMENT DETAILING THE STEPS TAKEN BY THE LICENSEE TO PREVENT A RECURRENCE OF THE CIRCUMSTANCES LEADING TO THE CONVICTION, DISCIPLINE, JUDGEMENT, BANKRUPTCY, OR OTHER EVENT LEADING TO THE RESPONSE." INCLUDE ANY PROOF OF PAYMENT SATISFACTION OF LIENS JUDGEMENTS AND BANKRUPTCY DISCHARGE PAPERS IN YOUR SUBMITTAL IF APPLICABLE. LICENSEES MAY BE REQUIRED TO APPEAR BEFORE THE CITY OF OCALA BOARD OF EXAMINERS AND APPEALS TO ANSWER QUESTIONS REGARDING SUCH RESPONSES.

INSURANCE REQUIREMENTS

BEFORE A CERTIFICATE CAN BE ISSUED, THE FOLLOWING INSURANCE REQUIREMENTS SHALL BE ON FILE: A CERTIFICATE OF INSURANCE FOR PUBLIC LIABILITY INSURANCE WITH MINIMUM OF NOT LESS THAN \$50,000 FOR ANY ONE PERSON AND \$100,000 FOR MORE THAN-- ONE PERSON IN ANY ONE ACCIDENT, AND PUBLIC PROPERTY DAMAGE INSURANCE WITH MINIMUM OF NOT LESS THAN \$10,000 FOR ANY ONE ACCIDENT. **THE INSURANCE CERTIFICATE MUST LIST THE "CITY OF OCALA BUILDING DEPARTMENT" AS THE CERTIFICATE HOLDER.** THIS MUST ALSO BE ON FILE WITH YOUR INSURANCE AGENCY. THE CERTIFICATE OF INSURANCE MUST LIST THE POLICY NUMBER OR NUMBERS, THE NAME OF THE COMPANY, AND THE EFFECTIVE DATES, AND EXPIRATION DATES. A STATEMENT AND A COPY OF AN ENDORSEMENT PLACED ON SUCH POLICIES REQUIRING 30 DAYS WRITTEN NOTICE BY REGISTERED MAIL TO THE SECRETARY OF THE BOARD OF CONTRACTORS EXAMINERS, IF IT BECOMES NECESSARY TO CANCEL THE POLICIES FOR ANY REASON.

I HAVE READ, AND UNDERSTAND THE ABOVE STATEMENTS. I AFFIRM THAT THESE STATEMENTS ARE TRUE AND CORRECT AND I RECOGNIZE THAT PROVIDING **FALSE INFORMATION MAY RESULT IN A FINE, SUSPENSION, OR REVOCATION OF MY CONTRACTOR'S CERTIFICATION WITH THE CITY OF OCALA.**

I AUTHORIZE THE CITY OF OCALA TO OBTAIN OR EXCHANGE PERSONAL INFORMATION WITH ANY PERSONAL INFORMATION AGENT TOWARDS ESTABLISHING OR VERIFYING MY FINANCIAL STANDING. _____

I _____ AUTHORIZE THE CITY OF OCALA TO CONDUCT A CREDIT CHECK ON MYSELF INDIVIDUALLY WITH AN ACCREDITED CREDIT BUREAU. THIS REPORT IS REQUIRED TO DETERMINE ELIGIBILITY FOR CERTIFICATION WITH THE CITY OF OCALA.

I FURTHER UNDERSTAND THAT THE CITY OF OCALA WILL HOLD THIS INFORMATION PERSONAL AND CONFIDENTIAL.

DATE

APPLICANT'S SIGNATURE

THE INFORMATION BEING OBTAINED WILL NOT BE USED IN VIOLATION OF ANY FEDERAL OR STATE EQUAL OPPORTUNITY LAW OR REGULATION, AND THAT, IF ANY ADVERSE ACTION IS TO BE TAKEN BASED ON THE CONSUMER REPORT, A COPY OF THE REPORT AND A SUMMARY OF THE CONSUMER'S RIGHTS WILL BE PROVIDED TO THE CONSUMER.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE SECTIONS OF CITY CODE THAT PERTAIN TO THE AREA(S) IN WHICH I WILL BE PERFORMING WORK AND UNDERSTAND THAT FAILURE TO COMPLY WITH CITY CODE MAY RESULT IN A FINE, SUSPENSION, OR REVOCATION OF MY CONTRACTOR'S CERTIFICATION WITH THE CITY OF OCALA.

STATE OF FLORIDA
COUNTY OF MARION

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS DAY OF

_____ 200____, _____
(NAME OF PERSON ACKNOWLEDGING)

(SEAL)

NOTARY SIGNATURE

PERSONALLY/PROFESSIONALLY KNOWN _____

-OR- PRODUCED IDENTIFICATION _____

TYPE OF ID PRODUCED _____

FOR OFFICIAL USE ONLY

DATE APPROVED _____

BOARD OF EXAMINERS OF
CONTRACTORS CHAIRMAN

SECRETARY

CITY OF OCALA

COLLECTION OF SOCIAL SECURITY NUMBERS

THE BUILDING/ZONING/LICENSING DEPARTMENT OF THE **CITY OF OCALA** IS REQUESTING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER. SUCH DISCLOSURE IS **MANDATORY**.

SOCIAL SECURITY NUMBER: _____

COLLECTION OF YOUR SOCIAL SECURITY NUMBER IS FOR THE FOLLOWING PURPOSES:

___ IDENTIFICATION AND VERIFICATION

___ CREDIT WORTHINESS

___ BACKGROUND CHECK

THIS FORM WILL BE DESTROYED UPON COMPLETION OF APPLICATION.



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General Certification

1. **Application and \$75.00 Non-refundable Certification Fee**
2. **5 References (names, addresses, zip codes, fax numbers if available)**
3. **Liability Insurance naming City of Ocala as the Certificate holder**
4. **W/C Insurance or W/C Exemption Card with expiration date**
5. **Credit Bureau Report (Processed by City of Ocala)**
6. **City Occupational License if business located in the City of Ocala**

Tested Certification (State Registered)

1. **Application and \$75.00 Non-refundable Certification Fee**
2. **5 References (names, addresses, zip codes, fax numbers if available)**
3. **Liability Insurance naming City of Ocala as the Certificate holder**
4. **W/C Insurance or W/C Exemption Card with expiration date**
5. **Credit Bureau Report (Processed by City of Ocala)**
6. **Letter of Reciprocity from the County where the exam was taken with a passing grade of 75%**
7. **Copy of State Card**
8. **City Occupational License if business is located in the City of Ocala**
9. **Letter of Authorization (if applicable)**

Certified Contractor

1. **Copy of State Card and \$20.00 State Record Processing Fee**
2. **Liability Insurance naming City of Ocala as the Certificate holder**
3. **W/C Insurance or W/C Exemption Card with expiration date**
4. **City Occupational License if business is located in the City of Ocala**
5. **Letter of Authorization (if applicable)**

If someone other than the qualifier is going to pull the permit, we need a notarized **Letter of Authorization** stating that individuals position with the company, giving them permission to pull the permit.