



BOARD OF COUNTY COMMISSIONERS

Licensing Regulation & Enforcement
2725 Judge Fran Jamieson Way, Bldg. A-114
Viera, Florida 32940
Phone: (321) 633-2058, press 4, 6
contractorlicensing@BrevardFL.gov

Contractor Application by Reciprocity

RECIPROCITY APPLICATION FOR CERTIFICATE OF COMPETENCY

APPLICATION FEES ARE NON-REFUNDABLE

*** SEPARATE CHECKS ARE REQUIRED ***

Make Checks Payable to Board of County Commissioners

Application Fee: \$120

The Certification Fee is for the Competency Card and is prorated throughout the year. The Competency Card expires every August 31st. The prorated fees are:

Table with 2 columns: Time Period (August-November, December-April, May-July) and Percentage of Certification Fee (100%, 75%, 50%).

Certification Fees for the following trades are \$130

5 Years documented experience is required for the following trades:

- Electrical
Mechanical
Plumbing
Roofing
Sheetmetal
Air Conditioning:
Class A Unlimited
Class B Limited

- Swimming Pool Unlimited
Swimming Pool Service
Underground Utility
Alarm Contractors
Alarm Systems I
Alarm Systems II

3 Years documented experience is required for the following trades:

- Demolition
Excavation (Land Clearing)
Garage Doors
Storm Shutter
Stucco
Swimming Pool Finish
Window and Door

4 Years documented experience is required for the following trades:

- Drywall
Electrical Sign
Limited Energy Systems
Marine I
Marine II
Solar Water Heating
Specialty Structure Aluminum

1 Year documented experience is required for the following trades:

- Irrigation
Fencing

4 years documented experience required for the following trades:

- General \$205 Certification Fee
Building \$180 Certification Fee
Residential \$155 Certification Fee

** MUST RETURN ALL ITEMS ON ENCLOSED CHECKLIST WITH APPLICATION. **



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Contractor Certification by Reciprocity Form

Date Trade Category

Fees Attached: Application Fee \$120 Certification Fee \$

Please complete this form. The information you provide will be printed on your Competency Card.

Name (Last, First, MI)

Date of birth Trade Category

Mailing address

Name of business

Email address

Applicant will conduct business as: (check one) Individual Corporation LLC

Sole Proprietor dba as fictitious name. If yes, what is the fictitious name?

As a Corporation or LLC dba as a fictitious name. If yes, list full Corporation or LLC and fictitious name.

Daytime phone # Fax #

Signature of applicant Date

Office Use Only

Cap ID or COC #

Reciprocity From

Date Certification Issued: Invoice #

Table with 5 columns: App Fee Pd \$, Pymt Method, Date paid:, CLB Date:, Processed by: and Cert Fee Pd \$, Pymt Method, Date paid:.

Contractor Certification by Reciprocity Form

1. Name: (last, first, MI) _____

2. Business Address: _____

3. Mailing Address: _____

4. Date of Birth _____

5. Business Phone # _____ Home # _____

6. U S Citizen? Yes No

7. Do you presently have a current city or county business tax receipt? Yes No

If yes, where? _____

If yes, Company Name _____

8. List your residential addresses for the past five years:

9. List all businesses you have owned, operated, or managed or have had an interest of any kind during the past five years:

Business Name	Business Address	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contractor Certification by Reciprocity Form

10. Have you undertaken construction contracts or work that a third party, such as a bonding or surety company, completed or made financial settlements?
Yes No If yes, provide a written statement of explanation.
11. Have you had claims or lawsuits filed for unpaid or past due accounts by your creditors as a result of construction operations?
Yes No If yes, provide a written statement of explanation.
12. Have you undertaken construction contracts or work which resulted in liens, suits or judgments being filed?
Yes No If yes, provide a written statement of explanation.
13. Have you had a lien filed against you by the U.S. Internal Revenue Service or Florida Corporate Tax Division?
Yes No If yes, provide a written statement of explanation.
14. Have you made an assignment of assets in settlement of construction obligations for less than the debts outstanding?
Yes No If yes, provide a written statement of explanation.
15. Have you 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, been subject to any disciplinary action by state, county or municipality?
Yes No If yes, provide a written statement of explanation.
16. Have you filed or been discharged in bankruptcy within the past five years?
Yes No If yes, provide a written statement of explanation.
17. Have you been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction within the past ten years?
Yes No If yes, provide a written statement of explanation.
18. Notwithstanding the above, have you ever at any point in time had a felony conviction that has resulted in the revocation of your civil rights?
Yes No If yes, provide a written statement of explanation.

Applicant may be required to provide further information or appear before the Contractors' Licensing Board.

Contractor Certification by Reciprocity Form

The undersigned hereby makes application for certification in accordance with the provisions of Chapter 22, Code of Brevard County, Florida.

I certify I will act only for myself or that I am legally qualified to act on behalf of the business organization seeking to be qualified and certified, in all matters connected with its contracting business. Furthermore, I have the authority to supervise construction projects undertaken by myself or the business organization qualified and certified and will continue during this certification to be able to so bind said business organization. If I sever my affiliation with said business organization, I will immediately notify the Contractor Licensing Board in writing within thirty (30) days of such termination. Initial _____

I authorize the secretary to the Brevard County Contractor Licensing Board to obtain from any source dealing with me, even though confidential, such additional information concerning my financial condition as may be deemed necessary by the Board. Initial _____

I acknowledge that pursuant to Brevard County Code and Florida Statute 489, I am personally responsible for all the financial affairs of the business I am applying to qualify. I realize this includes "financial matters," both for the organization in general and for each specific job. Initial _____

I also acknowledge that I will personally supervise all work being done or there will be a certified master or journeyman, if applicable, on the site at all times. Initial _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or any omission of facts called for is cause for disciplinary action by the Brevard County Construction Industry Licensing Board. I also authorize release of sheriff and police records to the Brevard County Licensing Regulation & Enforcement agency. Initial _____

I hereby release you, your organization or others from any liability for damage which may result from furnishing the information requested above. Initial _____

I agree to familiarize myself and abide with all local ordinances and amendments, state regulations and the Florida Building Code governing all restrictions in reference to the license I have been issued Initial _____

I certify that this information is true and correct to the best of my knowledge and that any willful falsification of any information contained herein is grounds for disqualification.

Signature of Applicant _____ Date _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____ who is personally known to me _____ or who produced a _____ as identification.

(Notary Seal)

Signature of Notary

BREVARD COUNTY
LICENSING REGULATION & ENFORCEMENT

AFFIDAVIT FOR APPLICANT/QUALIFIER OF COMPANY

(License Holder)

I acknowledge that pursuant to Florida Statute 489 and the Brevard County Code, I am personally responsible for all the financial affairs of the business I am applying to qualify. I realize this includes "financial matters", both for the organization in general and for each specific job.

I also acknowledge that I will personally supervise all work being done or there will be a certified master or journeyman, if applicable, on the site at all times.

I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT ANY WILLFUL FALSIFICATION OF ANY INFORMATION CONTAINED HEREIN IS GROUNDS FOR DISQUALIFICATION.

Print Name of Qualifying Contractor

Signature of Qualifying Contractor

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____,

20_____, by _____ who is personally known to me _____

or who produced a _____ as identification.

(Notary Seal)

Signature of Notary

BREVARD COUNTY
LICENSING REGULATION & ENFORCEMENT

AFFIDAVIT FOR FINANCIALLY RESPONSIBLE OFFICER

In accordance with Chapter 489.1195(1)(b) I, _____

assume personal responsibility for all financial aspects of _____.
(Company Name)

Signature of Financially Responsible Officer

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____,
20_____, by _____ who is personally known to me _____
or who produced a _____ as identification.

(Notary Seal)

Signature of Notary

**BREVARD COUNTY
LICENSING REGULATION & ENFORCEMENT**

WORKERS COMPENSATION DISCLAIMER

(Required by Applicant / License Holder)

Workers Compensation is required by law, the following situations may apply:

I am an officer or managing member of a Corporation or LLC with no “employees”; and will be exempt from workers compensation.

I am not workers compensation exempt; I have a Workers Compensation Insurance policy.

I’m an employee, not an officer or managing member of a Corporation or LLC; I am covered under my employers Workers Compensation Insurance policy.

I am a Workers Compensation exempted officer or managing member and have Workers Compensation Insurance for my employees.

I am a sole proprietor and have no “employees”; I have Workers Compensation Insurance

I understand that if I use leased or temporary employees, a Certificate of Workers’ Compensation Insurance must be filed with the Licensing Regulation and Enforcement agency prior to commencement of any work. An employee Roster may be required.

I further understand that hiring unlicensed subcontractors is a violation of the law and may be subject to disciplinary action.

License Holder Signature

Date

SOCIAL SECURITY NUMBER DISCLAIMER

** "Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9); 409,2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupations license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welform Reform Act), 104 Pub.L. 193, Sec.317."

You must print your name, Social Security Number, date and sign that you have read the disclaimer above:

_____ (Print Name) _____ (Social Security Number)

_____ Date _____
(Sign)

Please cut along dotted line and keep bottom portion of the disclaimer for your records



** "Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9); 409,2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupations license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welform Reform Act), 104 Pub.L. 193, Sec.317."

CONTRACTOR RECIPROCITY CHECK LIST

Name: _____ Date: _____

1. Incoming Letter of Reciprocity from Sponsoring County

LETTER MUST INCLUDE THE FOLLOWING:

- Block & Associates proctored exam
- Trade Exam and Business & Law Exam scores with a minimum of 75%
- Years of verified experience (1 - 5 years depending on trade)
- Complaints on record
- Sponsoring County must state in their letter they will reciprocate with Brevard County in the same trade.
- Holds an Active Certificate of Competency Card

2. Application

3. Certification Form

4. Application Fee

5. Certification Fee - See Application

6. A copy of the Articles of Incorporation or LLC
 or a current Annual Report of the Corporation
 or Fictitious Name Certificate of Status

Fictitious Name is defined as "any name under which a person transacts business in this state, other than his legal name."

To receive information of the above documents, contact the Department of State, Division of Corporation at 850-488-9000.

7. Criminal Background Check (Detailed instruction attached)

<https://shield.fdle.state.fl.us/shield/app/ecorssp?2>

8. Personal Credit Report

9. Business Credit Report – if the business has been established for 3 years or more

An original report (not more than 1 year old)

CLB rules have very specific requirements regarding the information verified on credit reports; therefore, you must obtain your report from a CLB approved credit-reporting agency. A list of approved agencies can be found at:

http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_credit_reporting_agencies.pdf

The CLB has no relation to these companies; we have merely verified that they follow CLB rule requirements regarding the credit verification. The credit report shall include the FEIN for the corporation and Social Security Numbers for applicant/licensee. Credit reports obtained directly from "Equifax", "Trans Union" or "Experian" will **NOT** be accepted. Reports from the Internet, banks, credit unions, mortgage companies, car dealerships or other lending institutions will also **NOT** be accepted. Copies will **NOT** be accepted.

The credit report must include a Public Records statement that records have been checked at County, State and Federal levels. A LIST OF APPROVED CREDIT BUREAUS IS ATTACHED.

CONTRACTOR RECIPROCIITY CHECK LIST

Proof of Satisfaction of Liens, Judgments and Discharge of Bankruptcy: The Contractor Licensing Board is required to verify the financial responsibility of its applicants. You may have to appear before the board regarding problems with your credit history. The Licensing Regulation & Enforcement Department may be able to avoid forwarding your application to the board if you can show that you have satisfied any liens and/or judgments, or if you can show that you are engaged in an active payment plan to repay your creditor(s). **If you appear before the board, they may approve or deny your application, or approve it subject to certain conditions (e.g., probation).**

10. A Letter of Authorization _____
From the Owner/President of the Corporation – Owner/Managing Member of the LLC stating the applicant is legally authorized to conduct business on behalf of the business organization if the applicant is not an owner/officer/member of the business organization he is qualifying.

11. Copy of Valid Driver's License or Government issued ID _____

12. Signed Social Security Number Disclaimer _____

13. A copy of Business Tax Receipt from County where business is located. _____

14. A copy of active Certificate of Competency Card _____

15. A copy of State Registration License _____

- ALL CERTIFICATES OF INSURANCE MUST BE ORIGINALS AND MUST BE RECEIVED FROM THE INSURANCE COMPANY
- **ALL CERTIFICATES OF INSURANCE MUST LIST THE CERTIFICATE HOLDER AS:**

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16. Certificate of Insurance (general/public liability and property damage) _____

17. Certificate of Insurance for Worker's Compensation _____
(Required if you have employees)

- **You may need both #17 and #18**

18. Workers Compensation (WC) Exemption Card(s) _____

It is the license holder's responsibility to renew the Brevard County Certificate of Competency License yearly. Renewal period is August 1 – 31.

19. Worker's Compensation Disclaimer _____



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Dear Applicant:

To comply with Brevard County Code of Ordinance, applicants are required to obtain a Criminal History Report prior to receiving the Certificate of Competency License.

Please order the certified report as follows:

1. Online, Florida Department of Law Enforcement:
<https://shield.fdle.state.fl.us/shield/app/ecorsp?2>
2. Click "Begin Search"
3. Enter the Mailing Address and General Info as follows:

Submitters Organization Name:	Brevard County Licensing Regulation & Enforcement
Contact First and Last Name:	Denise Campagna
Mailing Address:	2725 Judge Fran Jamieson Way, Ste. A114, Viera, FL. 32940
Contact Phone:	321-633-2058, Extension: option 4, option 6

4. Click Save, then Continue
5. Search Subject Entry:
6. Enter your Name, Date Of Birth, Social Security Number and Sex.
7. Detail any alias known by and race.
8. Enter your street address, city and state.
9. Click Add
10. Your record detail should appear, click "Continue"
11. Under Mandatory Selection, click on "Certified"
12. If you would like a copy of the report mailed to you as well, enter an Optional Additional Mailing Address in this section, enter your name and address.
13. Click "Go to Payment" to enter your payment information for the required \$24 fee.

Once your Criminal History Information Request is received by the Florida Department of Law Enforcement, their certified processing time is 6-7 business days, not including mail delivery times.

It may take up to 2 weeks from the time you submit your request to FDLE until Brevard County Licensing Regulation & Enforcement receives the report.

If you have any questions regarding the processing of this request by the Florida Department of Law Enforcement, you may reach Criminal History Services section at (850) 410-8109.