



# Board of County Commissioners

## DEPARTMENT OF DEVELOPMENT SERVICES

Web Address:

[http://www.bocc.citrus.fl.us/devservices/building/building\\_division.htm](http://www.bocc.citrus.fl.us/devservices/building/building_division.htm)

Licensing Department Contact us at: (352)527-5332 or (352) 527-7619

Persons desiring to obtain or test for a Certificate of Competency in any trade that requires licensure in Citrus County may make application in one of the following categories:

1. ACTIVE CERTIFICATE OF COMPETENCY: For those who have already completed an examination, prepared, proctored and graded by our approved testing agency, with scores of 75% or higher and who wish to apply for a license to contract in Citrus County.
2. INACTIVE CERTIFICATE OF COMPETENCY: For those who have already completed an examination, prepared, proctored and graded by our approved testing agency, with scores of 75% or higher but who do not wish to actively contract at this time.
3. EXAMINATION FOR CERTIFICATE OF COMPETENCY (ACTIVE): For those who desire to take an examination prepared, proctored, and graded by our approved testing agency, and be eligible to do business at a later date.
4. EXAMINATION FOR CERTIFICATE OF COMPETENCY (INACTIVE): For those who desire to take an examination prepared, proctored and graded by our approved testing agency, and be eligible to do business at a later date.
  - ✓ ACTIVE status is required **before** engaging in business (contracting or subcontracting), in a trade for which Citrus County requires a Certificate of Competency.
  - ✓ INACTIVE status is required to retain a Certificate of Competency, while **not** engaging in business (contracting or subcontracting), in a trade for which Citrus County requires a Certificate of Competency. Failure to retain an INACTIVE status may result in the need for re-approval by the Construction Licensing and Appeals Board to obtain a Certificate of Competency.

The classification circled above is the type of application you have been given. Please be certain you have the correct application for your needs. If you have any doubt, please contact my office **before** proceeding. Application types 1-4 require an appearance before and approval by the Construction Licensing and Appeals Board. This board normally meets on the fourth (4<sup>th</sup>) Wednesday of each month at 2:00 p.m. Your completed application and all other required documentation **must be returned** to the Citrus County Building Division at least fourteen (14) calendar days prior to the board meeting date in order to be placed on the board's agenda.

A **\$100.00** non-refundable application fee is due upon submittal of this application.

## **INSTRUCTIONS FOR APPLYING FOR ACTIVE CERTIFICATE OF COMPETENCY**

- 1) **INSURANCE:** Obtain from your Insurance Company(s) certificate(s) of insurance to Citrus County Building Division providing a minimum coverage of:

Property Damage - \$50,000      Public Liability - \$100,000 / \$300,000

- 2) **PROOF OF EXAMINATION:** Have our approved testing agency and/or the Building Official under whose jurisdiction you passed a proctored, and graded examination **send a letter directly to the Citrus County Building Division Director stating the results of the test taken. (Your acceptable grade must be 75% or higher on all applicable examinations).**
- 3) **CITRUS COUNTY APPLICATION FOR CERTIFICATE OF COMPETENCY:** Complete all application pages, sign and have notarized. Be certain to include your phone number, complete **personal financial statement**, (no older than 120 days), and credit report on you personally. For any company you seek to qualify, submit a **Company Operating Financial Statement, and a Corporate Credit Report** (no older than 120 days).
- 4) **CERTIFICATION OF APPLICANT'S EXPERIENCE:** Have AFFIDAVIT completed by a person with **direct knowledge** of your experience, i.e., an employer, supervisor, building inspector, or licensed contractor. Be certain they complete the AFFIDAVIT indicating the specific type experience and how they have direct knowledge. (See the attached "Experience Eligibility Requirements" Information sheet.)
- 5) **WORKER'S COMPENSATION:** If you or the business you seek to qualify have Worker's Compensation Insurance, please submit an insurance binder from your insurance company stating coverage. (See item #1 above). If you or the business you seek to qualify **DO NOT** have Worker's Compensation Insurance, and are not required by law to have such coverage, you must submit the proper Worker's Compensation Exemption Form.
- 6) **STATE REGISTRATION:** If your trade is required to register to with the State, you must provide a copy of the State Registration. No permits will be issued without valid proof of State Registration. The Citrus County Code requires State Registration, State Certification, or local Certificate of Competency numbers to be displayed on all vehicles used by you or your company, also to include advertisements, business cards, bids, proposals, and invoices.

**CITRUS COUNTY CONSTRUCTION LICENSING AND APPEALS BOARD  
APPLICATION FOR CERTIFICATE OF COMPETENCY**

\_\_\_\_\_ **ACTIVE CERTIFICATE**

\_\_\_\_\_ **EXAMINATION**

I hereby apply for a Certificate of Competency in the Building Trade identified below in accordance with the applicable portion of the Citrus County Code.

Circle One

BUILDING CONTRACTOR

GEN. BLDG. RES.

AIR CONDITIONING

Class A Class B Class C

ELECTRICIAN

\_\_\_\_\_

**PHOTO**

PLUMBING

\_\_\_\_\_

MECHANICAL

\_\_\_\_\_

ROOFING

\_\_\_\_\_

SHEET METAL

\_\_\_\_\_

SWIMMING POOL

\_\_\_\_\_

OTHER \_\_\_\_\_

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**1) PERSONAL INFORMATION:**

FULL NAME: \_\_\_\_\_ DATE OF BIRTH:  
\_\_\_\_\_

HOME ADDRESS:  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE:  
\_\_\_\_\_

MAILING ADDRESS:  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE:  
\_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ BUSINESS PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
\_\_\_\_\_

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**2) LEGAL INFORMATION:**

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_

If yes,  
explain \_\_\_\_\_

HAVE YOU OR A COMPANY YOU QUALIFIED BEEN INVOLVED IN LITIGATION  
IN WHICH A SUIT WAS BROUGHT? \_\_\_\_\_ if yes, explain

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- 3) **TESTING:** Have you taken an examination, prepared, proctored, and graded by our approved testing agency for the building trade for which you are applying
- 4) For certification? \_\_\_\_\_ Date of tests \_\_\_\_\_ Grades achieved: Trade: \_\_\_\_\_ Business \_\_\_\_\_

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5) **EDUCATIONAL BACKGROUND:**

Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Area of Study: \_\_\_\_\_

TRADE SCHOOL: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Area of Study: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

OTHER: \_\_\_\_\_

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- 6) **REFERENCES:** (List names, complete addresses, and occupation of four character references, excluding relatives, employees, employers, both former and present)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

7) **EMPLOYMENT EXPERIENCE** (Starting with the most recent employment record, show experience for a minimum of the **PAST 10 TEN YEARS.**)

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Describe Duties: \_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Describe Duties: \_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Employed from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Supervisor: \_\_\_\_\_

Describe Duties: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Employed from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Supervisor: \_\_\_\_\_

Describe Duties: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Employed from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Supervisor: \_\_\_\_\_

Describe Duties: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Employed from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Supervisor: \_\_\_\_\_

Describe Duties: \_\_\_\_\_

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Make additional copies of this sheet as necessary.

**8) BUSINESS TO BE QUALIFIED:**

FIRM NAME:

\_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State Registration Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name Corporate Officers and Title if Corporation or if Partnership Name Partners:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

**9) FINANCIAL AFFILIATION:**

Name of Bank:

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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**10) CREDIT REFERENCES:**

Name:

\_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name:

\_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name:

\_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**9) VEHICLES:**

**I WILL PLACE STATE CERTIFICATION, REGISTRATION, OR LOCAL  
COMPETENCY CARD NUMBER ON ALL VEHICLES PER CITRUS COUNTY  
CODE.**

X \_\_\_\_\_

ANY PERSON HOLDING AN ACTIVE CERTIFICATE OF COMPETENCY ISSUED BY CITRUS COUNTY WILL PLACE HIS/HER STATE CONTRACTOR'S REGISTRATION NUMBER OR COMPETENCY CARD NUMBER AND COMPANY NAME ON ALL VEHICLES USED FOR PRODUCTION WORK. NUMBERS SHALL BE TWO INCHES HIGH AND SHALL BE CENTERED ON THE WIDTH OF EACH FRONT DOOR AND FURTHER TO BE PLACED IN THE LOWER CORNER OF THE TRUNK, TAILGATE, CARGO BED OR BUMPER, AS APPROPRIATE, ON THE DRIVER'S SIDE OF THE REAR OF EACH VEHICLE. LICENSE NUMBERS SHALL BE CLEARLY VISIBLE.

**CERTIFICATION OF APPLICANT'S WORK EXPERIENCE AFFIDAVIT  
(PLEASE BE SPECIFIC WITH DATES. YOU MUST SHOW TOTAL OF 4YEARS  
WITH 1YEAR SUPERVISORY, ON FORMS)  
(Information will be verified)**

I hereby certify that \_\_\_\_\_ is/was employed as a  
\_\_\_\_\_

From \_\_\_\_\_ (Month/Day/Year) \_\_\_\_\_ until  
(Month/Day/Year) \_\_\_\_\_

Was employee full or part time?  
\_\_\_\_\_

The individual named above worked in a supervisory capacity. YES NO

If yes, how long did this individual work in a **supervisory/crew chief/leader position**?  
\_\_\_\_\_

List in **detail** his/her **duties** and describe the **scope of work** and knowledge of **trade**.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have **direct knowledge** of the sworn testimony above. (I am an Engineer, Architect, Inspector, Contractor or Employer) \_\_\_\_\_ Contractor License #  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_

Title \_\_\_\_\_

**Business/Name**  
\_\_\_\_\_

Address \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Home phone number \_\_\_\_\_

**Florida Statutes 837.06, False Official Statements: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to (or affirm) before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE NAME OF NOTARY (Typed, Stamped, Printed)  
NOTARY PUBLIC COMMISSION NUMBER: \_\_\_\_\_

**MAKE ADDITIONAL COPIES OF THIS SHEET AS NECESSARY.  
(PROVIDE TWO OR MORE AFFIDAVITS)**

**GENERAL APPLICATION QUESTIONNAIRE**

- I. Have you or a company you qualified ever failed to complete a construction contract? YES NO
- II. Have you ever been refused a building contractor's license? YES NO
- III. Have you ever for any reason had a building contractor's license revoked? YES NO
- IV. Have you ever held an interest in or qualified a company, which declared bankruptcy? YES NO
- V. Are there any outstanding liens against you or the company you intend to qualify? YES NO
- VI. Are there any outstanding liens against any person or company as a result of your or the company's failure to complete a contract? YES NO
- VII. Have you been convicted under Chapter 468 or 489, Florida Statutes? YES  
NO
- VIII. Do you or the company you are qualifying have any pending litigation regarding any disputed contract or materials supplied? YES NO

If you answered yes to any question(s) above, attach a personally sworn statement describing the complete details and circumstances along with any supporting documentation you think may be appropriate.

If the name of the company you will qualify if is a fictitious one and you are the sole proprietor or it is a partnership, you must attach proof of compliance with the Florida Fictitious Name Act.

SIGNATURE \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, who is/are personally known to has/have or me produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
NOTARY PUBLIC – SIGNATURE NAME OF NOTARY (Typed, Printed, Stamped)

NOTARY PUBLIC COMMISSION # \_\_\_\_\_

## EXPERIENCE ELIGIBILITY REQUIREMENTS

All applicants shall meet one of the experience eligibility requirements set forth below as an excerpt from the Citrus County Code.

- a) Has received a baccalaureate degree from an accredited 4 years college in the appropriate field of engineering, architecture, or building construction, and 1 year of proven experience in the category in which the person seeks to qualify. For the purpose of this rule, a minimum of 2,000 man-hours shall be used in determining full-time equivalency.
- b) Has at least 4 years of active experience as a workman who has learned his trade by serving an apprenticeship, or as a skilled workman who is able to command the rate of a mechanic in his particular field, and has at least one year of active experience at the level of foreman who is in charge of a group of workman, and who usually is responsible to a superintendent or a contractor or the equivalent.
- c) Has a combination of not less than one year of experience as a foreman and not less than 3 years of credit from any accredited college level courses; or has a combination of not less than 1 years of experience as a skilled workman, one year of experience as a foreman, and not less than 2 years of college or community college level courses. All junior college or community college level courses shall be considered accredited college level courses.

Eligibility requirements for electrical and alarm contracting competency cards require an applicant to meet one of the following four criteria:

1. Within six years immediately preceding the filing of the application, the applicant must have at least three years proven management experience or education in the trade, or a combination, but not more than one-half of such experience may be educationally equivalent.
2. Within eight years immediately preceding the filing of the application, the applicant must have at least four years experience as a foreman, supervisor, or contractor, in the trade for which he/she is making application.
3. Within twelve years immediately preceding the filing of the application, the applicant must have at least six years of comprehensive training, technical education, or broad experience associated with an electrical or alarms system installation or servicing endeavor.
4. Has been licensed for three years as an engineer.

## PERSONAL FINANCIAL STATEMENT

THIS STATEMENT IS DELIVERED AND CERTIFIED TO THE CITRUS COUNTY CONSTRUCTION LICENSING AND APPEALS BOARD. THE UNDERSIGNED HEREBY CERTIFIES THAT THESE STATEMENTS ARE TRUE AND CORRECT AND ACCURATELY REFLECT THE FINANCIAL CONDITIONS OF THE UNDERSIGNED. YOUR RECEIPT OF THIS STATEMENT SPECIFICALLY ALLOWS YOU TO MAKE ALL INQUIRIES DEEMED NECESSARY TO VERIFY THE ACCURACY OF THIS INFORMATION.

NAME: \_\_\_\_\_

### ASSETS

CASH ON HAND AND IN BANKS	_____
STOCKS, BONDS, SECURITIES	_____
NOTES RECEIVABLE	_____
AUTOMOTIVE VEHICLES	_____
BOATS, MOTORS, TRAILERS	_____
HOUSEHOLD FURNISHINGS	_____
TOOLS EQUIPMENT, ETC.	_____
REAL ESTATE HOLDINGS	_____
OTHER	_____
<b>TOTAL ASSETS</b>	_____

### LIABILITIES

PERSONAL CREDIT CARDS, ETC.	_____
SHORT TERM NOTES PAYABLE	_____
AUTOMOTIVE VEHICLES	_____
REAL ESTATE MORTGAGES	_____
HOME EQUITY LOANS	_____
OTHER	_____
<b>TOTAL LIABILITIES</b>	_____
<b>NET WORTH (ASSETS – LIABILITIES)</b>	_____

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## INFORMATIONAL ATTACHMENT FOR ALL APPLICANTS

### Excerpts from: ORDINANCE NUMBER 2008-04

"#3. All applicants for a Competency Card must demonstrate that they are financially responsible. Financial responsibility is the ability to safeguard that the public will not sustain economic loss resulting from a contractor's inability to fulfill his lawful obligations under a construction contract. The Construction Licensing and Appeals Board shall determine this requirement according to the sworn statements submitted by the applicant that he has; (a) no unsatisfied judgements against him in connection with the practice of his trade for which he is applying for a Competency Card; (b) that there are no unpaid past due bills or claims for labor, materials, or services, as a result of construction operations of any persons in the organization which he has or is qualifying; (c) that there are not any liens, suits, or judgements of record or pending as a result of the construction operation(s) qualifying; (d) that there are not any liens of record by the Internal Revenue Service or the State of Florida Corporate Tax Division against a business he has, or any organization he is qualifying; (e) that no bonding surety company has ever completed or made financial settlement upon any construction contract or work undertaken by him or an organization he is qualifying."

In addition, an applicant has the responsibility of assuring that he is financially responsible by submitting a current (within the last 120 days), financial statement showing current assets, current liabilities, total assets, total liabilities, and net worth. Evidence acceptable to the Construction Licensing and Appeals Board demonstrating a net worth listed below for the following categories of constructors is required:

1. General Contractor	\$20,000.00
2. Building Contractor	\$20,000.00
3. Residential Contractor	\$20,000.00
4. Sheet Metal Contractor	\$10,000.00
5. Roofing Contractor	\$10,000.00
6. Class "A" Air Conditioning Contractor	\$10,000.00
7. Class "B" Air Conditioning Contractor	\$10,000.00
8. Mechanical Contractor	\$10,000.00
9. Commercial Swimming Pool Contractor	\$10,000.00
10. Residential Swimming Pool Contractor	\$10,000.00

11. Swimming Pool Servicing Contractor	\$10,000.00
12. Plumbing Contractor	\$10,000.00
13. Underground Utility Contractor	\$10,000.00
14. Solar Water Heating Contractor	\$ 2,500.00
15. Pollutant Storage System Specialty Cont.	\$10,000.00
16. Specialty Contractor	\$ 2,500.00
17. Electrical Contractor	\$10,000.00
18. Electrical Specialty Contractors	\$ 5,000.00
a) Lighting Maintenance	
b) Sign Specialty	
c) Low Voltage System	
d) Utility Electrical Line Contractor	

Along with the financial statement, the applicant is required to submit a current **(within 120 days)**, approved credit report. If you are qualifying a company, you must also submit a current Corporate Credit Report and current Financial Statement. **(Profit & Loss and Balance Sheet.) Failure to submit required information or truthfully answer questions that prove financial responsibility shall be grounds for denial of a license.**