



Sumter County Competency Card Application Procedures

1. To reciprocate exam scores into Sumter County, complete the attached application and supply the following: (a-h)
 - a. **Letter of Reciprocity:** Letter of reciprocity sent directly to Sumter County Building Services at 7375 Powell Road, Suite 115, Wildwood, FL 34785 or emailed to planning2@sumtercountyfl.gov from the reciprocal County or Municipality in Florida that sponsored your original examinations. The letter shall verify the testing facility used, examination taken for the trade with a minimum grade of 75%, and Business and Law with a minimum grade of 75%. Grandfathering without testing is not acceptable.
 - b. **Fee:** \$100.00 – Credit card, cash, check, or money order payable to: **BOCC SUMTER COUNTY**. Check must contain your address and phone number. **(Payment is nonrefundable)**
 - c. **Identification:** Submit a clear copy of your driver's license or a state identification card with photograph.
 - d. **Credit Report and Financial History:** The credit report must indicate all credit activity of record for the applicant and include the previous four years, and if applicable, the applicant's business. This report shall be submitted directly to the county by the applicable credit agency or bureau. Additionally, the applicant must disclose any bankruptcy proceedings in which the applicant or a business owned or controlled by the applicant has been a part of within the last ten years.
 - e. **Corporation or Fictitious Name:** If you are qualifying as a corporation or a fictitious name, you must furnish proof.
 - f. **Zoning Information form for contractor licensing:** zoning confirmation for Sumter County contractor (for Sumter County Residents only).
 - g. **Copy of current license state license issued by the Department of Business and Professional Regulation:** (if applicable)
 - h. **Liability and Worker's Compensation Insurance:** Proof of insurance for general, building, and electrical contractors is \$300,000/general liability and \$50,000/property damage. All other license categories require \$100,000/general liability insurance and \$25,000/property damage. The applicant must provide proof of worker's compensation insurance as required by Florida Statutes. All certificates of insurance must be in the exact name of the business being qualified and list Sumter County Building Services, 7375 Powell Road, Wildwood, FL 34785, as the certificate holder.
2. Submit the completed application to Sumter County Building Services. When the application is complete and the fee is paid, your application will be reviewed by the Building Official.

ONCE ALL OF THE APPLICABLE STEPS ABOVE ARE COMPLETED, THE LICENSE WILL BE IN "ACTIVE" STATUS AND THE APPLICANT WILL BE ABLE TO PERFORM WORK IN THEIR TRADE.

(Sumter County Residents Only)

Zoning Information for Contractor Licensing

Applicant's Name: _____

Business Address: _____

Mailing Address: _____

Type of Business: _____

Intended Use: _____

Onsite Storage of Materials:

Yes No

Employees: (Account for only those employees that come to the business address)

Yes # _____ No

Applicant's signature: _____

CONDITIONS OF APPROVAL FOR EXEMPTION:

- The business must be conducted entirely within the enclosed living area of the residence.
- No sign advertising the home occupation may be placed on the property.
- No advertising, other than business cards, may be done which contains the physical location of the home occupation.
- Any increase in traffic to the property, that is attributable to the home occupation, shall be limited to two (2) trips (1 trip to and 1 trip from the premises) per day.

For Office Use Only

Parcel # _____

Approved

Denied

Zoning _____

FLU _____

Zoning Signature



Sumter County Building Services

7375 Powell Road, Suite 115, Wildwood, FL 34785

Phone: (352) 689-4400 Fax: (352) 689-4401

Email: planning2@sumtercountyfl.gov

Website: sumtercountyfl.gov/81/Contractor-Licensing

APPLICATION FOR COMPETENCY CARD

The completed application and required supporting documentation shall be evaluated within 10 (ten) business days after receipt. Reciprocity Competency Card Applications shall have a final determination by the Building Official within seven (7) business days following the review period. Failure to submit a complete application with supporting documentation will result in a delay of the processing of your application.

PLEASE TYPE OR PRINT ALL INFORMATION

F.S. 489, Part I & Part II Trade Categories: Check which trade pertains.

Trades Requiring Registration with the State:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Building | <input type="checkbox"/> General | <input type="checkbox"/> Specialty Structure |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Sheet Metal | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electric |
| <input type="checkbox"/> Electrical Sign | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Air Conditioning "A" | <input type="checkbox"/> Air Conditioning "B" |
| <input type="checkbox"/> Commercial Pool/Spa | <input type="checkbox"/> Residential Pool/Spa | | |

Special

- | | | | |
|--|------------------------------------|---|---|
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Masonry | <input type="checkbox"/> Concrete/Masonry | <input type="checkbox"/> Concrete Placing & Finishing |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Garage Door Installation | <input type="checkbox"/> Sign (non electrical) |
| <input type="checkbox"/> Stucco, Lath & Plastering | | | |

Company Name:		
Business Address:		
City:	State:	Zip:
Phone:	Cell:	
Fax:	Email:	
State Registration No.	FEIN No.	
United States Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Employer:	Phone:	
Address:		
Position Held:	Length of Employment:	

List the COUNTIES and/or CITIES you hold a competency card in and the competency card number(s).

County/Cities	Competency Card No.

CHECK WHICH OF THE EDUCATION/EXPERIENCE REQUIREMENTS FOR WHICH YOU QUALIFY:

- An associate degree from an accredited two-year college in an appropriate field of engineering, architecture, or building construction (Please attach a copy of official college transcript or a copy of diploma) and a minimum of two (2) years of proven experience in the category in which you seek to qualify for.
- A minimum of four (4) years of active experience as a workman who has learned the trade by serving as an apprentice and skilled workman in that particular trade for a minimum of one (1) year, or who has served as a foreman in charge of a group of workmen for a minimum of one (1) year.

FINANCIAL RESPONSIBILITY/BACKGROUND QUESTIONS	
Indicate your response by Checking "Yes" or "No" to any of the questions below, if you answer Yes to any of the questions you must provide an explanation. The Qualifying Agent must answer and sign the financial responsibility questionnaire:	
1. Have you ever been refused a certificate of competency or other professional license, or had such a license suspended or revoked in the State of Florida or any other State?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you during the past five years had more than three business complaints filed against you or a business you owned or managed, through a trade association, a Better Business Bureau, or other non Governmental agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Has any federal, state, county, or other governmental agency filed any business, civil, or criminal complaints against you during the past five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you ever failed to complete a construction contract?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are there any outstanding labor or material liens against you or your company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you been charged with or convicted of acting as a contractor without a license by any state, county or municipality?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Have you as a licensed contractor in this or any other state been subject to any disciplinary action by state, county or municipality?	Yes <input type="checkbox"/> No <input type="checkbox"/>

STATEMENT OF QUALIFIER'S RESPONSIBILITY

In making application to qualify as a sole proprietor, partnership, or corporation, I understand that I, as qualifying agent and/or Financial Officer, am completely responsible for the actions of said entity as they relate to its construction business. I will actively supervise all construction work and be responsible for ascertaining all such work is complete according to approved plans, applicable codes, and good construction standards. I will immediately notify the Sumter County Building Official if I sever connections with the partnership or corporation concerned in this application, or I am no longer actively supervising the construction work.

Further, I understand that the Sumter County Building Official, by the authority granted to it in ordinance 2018-06, holds the qualifying agent and/or Financial Officer responsible for the supervision of job sites as well as all financial aspects of the entity's construction business including, but not limited to, payment to suppliers, payment to employees, and payment of applicable federal and state taxes.

Name of Company: _____

Title/Position in the firm: _____

Print Name of Qualifying Agent: _____

Signature of Qualifying Agent: _____

Print Name of Financial Officer: _____

Signature of Financial Officer: _____

State of _____

County of _____

The foregoing instrument was subscribed before me on this _____ day of _____,

20__ by _____, who is personally known to me or _____ who has produced _____ as identification.

Notary's Signature _____

Notary Seal:

APPEALS: NECESSITY OF RECORD:

Any person who decides to appeal any decision made by the Construction Industry Licensing Board shall be required to supply a verbatim record of the proceedings. The licensing board assumes no responsibility for furnishing records.

CONSTRUCTION INDUSTRY LICENSING

Submission to authorize Sumter County to complete a criminal background search at federal, state, and county levels.

(1) Screening Questionnaire

Cost of Reports: County \$9.00 Out of State \$15.00

License Holder Information:

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

Drivers License # _____ State: _____

License Holder SS# _____

Previous Residences (Previous 5 years):

Addresses and Dates:

Criminal History:

Have you ever been charged with or convicted of any criminal offense (other than minor traffic violations), or are you currently being prosecuted for any criminal offense ___ Yes ___ No

Have you ever received Pre-Trial Intervention or Deferred Prosecution for any criminal offense ___ Yes ___ No

Note: If you answered yes to either of the above questions, please provide a brief description of the charges and the outcome of the case

Please Note: The existence of a criminal history will not necessarily preclude you from obtaining a Certificate of Competency in Sumter County.

(2) Authorization & General Release:

I hereby authorize **Sumter County Development Services**, and all of its agents (MAF Background Screening) to request and receive any information and records concerning me, including but not limited to consumer credit, criminal record history, worker’s comp., driving, employment, military, civil and educational data and reports, from any individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and departments, courts, law enforcement and licensing agencies, consumer reporting agencies and other entities, including my present and previous employers.

I further release and discharge **Sumter County Development Services**, all of its agents (MAF Background Screening subsidiaries and affiliates, and every employee or agent of any of them, and all individual and personal, business, private or public entities of any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance, or attempted compliance, with such request(s). I also authorize the procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable. I understand I have the right to make a written request within a reasonable period of time to MAF for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I further understand that MAF's reporting of information pursuant to the Fair Credit Reporting Acts is not intended to authorize or condone a prospective employer's request for and reliance upon information for purposes that are not legitimate under the Fair Credit Reporting Act or any federal or state employment laws. I acknowledge I have voluntarily provided the above information for Contractor Licensing purposes, and I have carefully read and understand this authorization.

Signature: _____ Date: _____

Name: _____

NOTICE OF PURPOSE OF REQUEST FOR SOCIAL SECURITY NUMBER

Sumter County collects your **social security number**, or a portion thereof, for one more of the following purposes; classification of accounts; identification and verification; credit worthiness; billing and payments; data collection; reconciliation and tracking; payroll and benefit processing; tax reporting; new utility accounts applications; bank draft authorizations; vendor registration applications; Contractor Licensing; volunteer contracts or other volunteer assistance; **criminal background checks**; emergency transport for billing and insurance; and verification of identity.

Received by:

Signature

Date

Name

**FLORIDA CONSTRUCTION INDUSTRY LICENSING BOARD
Credit Reporting Agencies-For Reference Only**

(This listing is not all inclusive. You may submit credit reports from agencies not included on this list, so long as they meet the criteria listed in 61G4-12.011(12), Florida Administrative Code.)

Sumter County can not recommend or endorse a particular credit reporting agency. The list provided below includes the agencies that we are aware of that currently meet the reporting requirements. It is provided solely as a courtesy to assist you in locating resources. The County specifically disclaims any responsibility for the quality or cost of services provided by the agencies listed below.

<p>BRANDON Network Credit Services PH 813.685.5678</p> <p>CORAL GABLES Supreme Credit Information Services PH 305.665.3315</p> <p>CRYSTAL RIVER USA Credit Bureau PH 888.474.2270</p> <p>FORT LAUDERDALE Credit Bureau Services, Inc. PH 954.561.1400</p> <p>Lumbermen's PH 954.771.2100 Toll Free 800.496.4826 www.eCreditNow.com</p> <p>FORT MYERS Merit Credit PH 800.371.3348</p> <p>FORT WALTON BEACH C B Services Credit Bureau PH 850.862.2134</p> <p>JACKSONVILLE CBJ Associates Inc PH 904.723.5533</p> <p>Lexis/Nexis PH 800.285.3984 x24809</p> <p>LANTANA Credit Search</p>	<p>Premium Credit Bureau PH 305.468.1560</p> <p>NAPLES Credit Express PH 239.206.1049</p> <p>In Balance PH 239.774.5100</p> <p>ORLANDO Background Search Specialists PH 407.207.9595</p> <p>National Association of Credit Management PH 407.299.7491</p> <p>ORMOND BEACH Dragnet Credit & Tenant Screening PH 386.676.7733</p> <p>MacData Advantage Inc. PH 386.672.5277</p> <p>OUT OF STATE Absolute Credit PH 215.501.7224</p> <p>Advantage Information Services PH 877.296.4600</p> <p>CBA Information Solutions PH 800.596.9355</p> <p>Credit Plus, Inc. PH 818.331.1048</p>	<p>PENSACOLA Credit Bureau of Escambia County PH 850.455.9541</p> <p>Gulf Credit Services PH 850.434.0884</p> <p>PLANTATION Associated Credit Reporting PH 800.676.7640</p> <p>PORT ST. LUCIE Preferred Credit Services PH 800.741.7064</p> <p>SARASOTA Check Mate PH 941.366.1819</p> <p>TAMPA Contractors Reporting Service PH 800.487.2084</p> <p>NACM Tampa Inc PH 813.289.8894</p> <p>TALLAHASSEE ^{sl} 1 United CRS, Inc. PH 850.539.8000</p> <p>Background Research, Inc. PH 850.576.1488</p> <p>VENICE National Research Group PH 941.488.8500</p> <p>WEST PALM BEACH Credit Check, Inc. PH 877.616.5556</p>
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