



CERTIFICATE OF COMPETENCY – REGISTERED & SPECIALTY CONTRACTORS

CITY CLERK, 100 N US HWY 1, FORT PIERCE, FL 34950
PH: 772-467-3065 cityclerk@cityoffortpierce.com

REQUIREMENTS FOR APPLICATION FOR CERTIFICATE OF COMPETENCY (Sections 103-130 – 103-136 of the City of Fort Pierce Code or Ordinances)

Prior to issuance of Certificate of Competency, applications must be approved by the Board of Examiners of Contractors. Board meetings are scheduled on the 2nd Tuesday of each month at 9:00am. All required materials must be submitted by 5:00 pm on the 1st Tuesday of each month.

1. **Completed Application.**
2. **Financial Statement** must be notarized and cannot be older than six (6) months. Financial Statement must be completed prior to submittal of application. City Staff cannot assist in completion of this form.
3. **Certificate of Liability** with City of Fort Pierce as the Certificate Holder

General and building contractors: Public liability insurance with minimum limits of not less than \$300,000.00 and property damage insurance with a minimum of not less than \$50,000.00 for any one accident. All other contractors: Public liability insurance with minimum limits of not less than \$100,000.00 and property damage insurance with a minimum limit of not less than \$25,000.00.
4. **Worker's Compensation** Insurance Certificate and/or Worker's Compensation Exemption Certificate as set out in the "Worker's Compensation Law" of the State of Florida
5. **Credit Report** submitted directly from the credit reporting agency to the City of Fort Pierce. If the company has not established a credit history, the applicant will be required to submit both a personal and company credit report. The credit report cannot be older than six (6) months.*
6. **Three (3) Letters of Recommendation** from reputable persons in a business or profession, not related by blood or marriage to the applicant, vouching for the applicant's reputation as to honesty, integrity and good character.
7. **Letter of Reciprocity/Test Scores** showing a passing grade of 70% or better on both test sections. The Letter/Test score must be submitted directly to the City of Fort Pierce from the county or city sponsoring the exam.
8. **Current Business Tax Receipt**
9. **Articles of Incorporation and/or Fictitious Name Registration**
10. **Payment of \$175.00** - \$125.00 is a non-refundable application fee and \$50.00 is a card fee.
11. **Photo Identification – IN COLOR**

*Note to Applicants: Under the City of Fort Pierce's Code of Ordinances, the City is unable to issue a certificate of competency unless the credit report and financial statement of the applicant shows that the applicant is financially able to engage in the contracting business for which a license is required so that the public will be protected. Accordingly, it is the applicant's responsibility to insure the credit reporting agency includes sufficient information in its credit report to make such a determination; otherwise, there may be a delay in processing the application.

The City of Fort Pierce cannot recommend nor endorse a particular credit agency. We are aware of a few agencies that prepare credit reports that currently meet such board's reporting requirements, and a list of such credit agencies can be provided upon request of the applicant. Such list is not all inclusive, and you may submit credit reports from agencies not included on this list. Such list is available solely as a courtesy to assist you in locating resources. The City of Fort Pierce specifically disclaims any responsibility for the quality or cost of services provided by the credit agencies included on such list.



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No application will be considered by the Board unless the applicant provides all information required in Section 101-131 of the City of Fort Pierce Code of Ordinances by 5:00 pm on the TUESDAY prior to the scheduled Board Meeting.

Date:	_____
Receipt #	_____
Application Fee	\$125.00
License Amount	__50.00
Total	<u>\$175.00</u>

Falsification of any information herein, including all supplementary pages and attachments, is grounds for disqualification or revocation.

- | | | |
|--|---|--|
| <input type="radio"/> General Contractor | <input type="radio"/> Plumbing Contractor | <input type="radio"/> Commercial Pool |
| <input type="radio"/> Building Contractor | <input type="radio"/> Electrical Contractor | <input type="radio"/> Residential Pool |
| <input type="radio"/> Residential Contractor | <input type="radio"/> Air Conditioning | <input type="radio"/> Specialty Trade |

I am qualifying for a: Sole Proprietorship Partnership Corporation LLC

Applicant Name	State License #
Applicant's Title	Number of Years
Home Address (Include City, State and Zip)	
Applicant Phone	E-Mail
Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth
Business Name	Classification
Business Address (Include City, State, Zip)	
Business Phone	EIN# (If applicable)

Office Use Only:

Reviewed by: _____ Date: _____

Comments:

Building Official: _____ Date: _____

- Approved
 Disapproved
 Forward to Board for Review



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If the applicant is a Corporation or Limited Liability Company, per Section 101-131 (3)(d) City of Fort Pierce Code of Ordinances, the name and residence of **all directors and officers and their interest (percentage must total 100%)** therein must be provided:

List businesses owned or managed by applicant or in which the applicant has had an interest of any kind, or worked during the past five years; and the addresses of these businesses.

Date Month/year	Employer/Place of Business	Address & Phone Number	Responsibilities
From			
To			
From			
To			
From			
To			
From			
To			
From			
To			
From			
To			

High school _____ years College _____ years Trade School _____

I have practical and working knowledge of the State Statutes and Ordinances of the City of Fort Pierce applicable to the business in which I seek to engage. I also have practical and working knowledge of the business of contracting or subcontracting, as the case may be, in which I seek to engage.

I have not been convicted of a misdemeanor involving moral turpitude or felony during the past five years and am not presently charged with committing a felony or misdemeanor.

Applicant Signature

AFFIDAVIT

State of Florida }
St. Lucie County }

The foregoing instrument was sworn to be true and correct before me this _____ day of _____, 20____, by _____.

Notary Signature

(SEAL)



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Financial Statement

Name of Business _____ Date _____

ASSETS

Current Assets	Amounts
Cash in Bank	\$
Notes Receivable	
Accounts Receivable	
Inventory	
U.S. Government Securities	
Other Current Assets	
Total Current Assets	\$
Land	
Machinery, fixtures, equipment (after depreciation)	
Cash value life insurance	
Stocks & Bonds	
Prepaid Expenses & Deferred Charges	
Total Assets	\$

LIABILITIES

Current Liabilities	Amounts
Accounts Payable	\$
Notes Payable to Bank	
Other Notes Payable	
Notes Receivable Discounted	
Mortgage & Bonds Payable	
Other Current Liabilities	
Total Current Liabilities	\$
Other Liabilities (Due after one year)	
Total Liabilities	\$
Capital Stock Surplus	
Capital (Individual or partnership)	
Net Worth	\$
Total Liabilities & Net Worth	\$

* Total Assets **MUST** equal Total Liabilities & Net Worth.

The undersigned certifies that the information submitted is true and correct:

Signature: _____

Title: _____

State of Florida }
St. Lucie County }

The foregoing instrument was sworn to be true and correct before me this _____ day of _____, 20____, by _____.

(SEAL)

Notary Signature