



Date _____

Receipt # _____

Application Fee \$125.00

License Amount 50.00

Total \$175.00

CITY OF FORT PIERCE CITY CLERK'S OFFICE

100 North U.S. Highway 1
Fort Pierce, Florida 34954-1480
Phone:(772) 467-3065 Fax: (772) 467- 3841

Application for Certificate of Competency for Registered Or Specialty Contractors

No application shall be considered by the Board unless the applicant provides all information required in Section 5-32 of the City of Fort Pierce Code of Ordinances by 5:00 pm on the TUESDAY prior to the scheduled Board Meeting.

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

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

I am qualifying for a: Sole Proprietorship Partnership Corporation LLC

Applicant Name _____ State License # _____

Applicant's Title _____ Number of years _____

Home Address _____ City _____ State _____ Zip _____

Phone () _____ E-Mail _____

Citizen of United States Yes No Date of Birth _____

Business Name _____ Classification _____

Business Address _____ 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

If the applicant is a Corporation or Limited Liability Company, per Section 5-32 (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			

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

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 _____.

Notary Signature

CITY OF FORT PIERCE
OFFICE OF THE CITY CLERK
100 N US HWY 1
FORT PIERCE, FL 34950
PH: (772) 467-3065 FAX:(772) 467-3841

REQUIREMENTS FOR APPLICATION FOR CERTIFICATE OF COMPETENCY
(Sections 5-31 – 5-37 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. 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.

3. 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.

4. 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.

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.

ALL ORIGINALS MUST BE SUBMITTED – NO FAXES OR COPIES WILL BE ACCEPTED

*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 or 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.