



1-B East Jefferson Street/ Post Office Box 1799, Quincy, FL 32353
Phone# 850-875-8665 Fax: 850-875-7280

Registered Contractors License Application

INSTRUCTIONS:

- 1. ALL LETTERS ARE TO BE NOTARIZED.**
- 2. ADDRESSED TO GADSDEN COUNTY CONSTRUCTION LICENSING BOARD**
- 3. NOT MORE THAN 60 DAYS OLD PRIOR TO TURNING THEM IN.**
- 4. ALL APPLICATIONS MUST BE COMPLETED TO GO BEFORE THE BOARD.**
- 5. PLEASE CHECK THE FOLLOWING OFF AS YOU OBTAIN THEM AND KEEP THEM IN ORDER WITH THIS FORMS LIST.**

FORMS:

- () 1. A Copy of Your State License.**
- () 2. Your LLC or Corporation Name**
- () 3. Copy of Your Workers Compensation or Exemption**
- () 4. A Copy of your Liability Insurance made out to Gadsden County Building Department, 1-B East Jefferson Street, Quincy, Florida 32351.
Bodily Injury Liability... \$100,000 (except for General Contractor ... \$300,000).
Property Damage Liability...\$25,000 (except for General Contractor...\$50,000).**
- () 5. One letter of recommendation from contractor relevant to the license for which you are applying for (please include contractor's license number). Letter should be on contractor's letterhead and notarized.**
- () 6. One letter of recommendation from a previous employer; if self-employed, a letter of recommendation from a previous customer. Letter should be notarized.**
- () 7. One letter of reciprocity from the agency that sponsored you to take the competency exam or a letter from an agency that you are in good standing with now. Letter should be notarized.**
- () 8. One letter or certificate showing that you have passed a competency examination for the category for which you are applying. The score must be 70% or higher.**
- () 9. Two letters of recommendation from material suppliers. Letter should be notarized.**
- () 10. Two recent 1" x 1" photographs taped to the provided space on page 2.**
- () 11. There is a \$143.00 application fee. (Review Fee required by the Gadsden County Construction Licensing Board)**
- () 12. Once you are approved by the Board, there is an annual fee of \$72.00. At this time you will receive your Contractor Competency Card from Gadsden County. License expires June 30 of each year. Please renew in June of each year.**

APPLICANT INFORMATION

(Complete application thoroughly-Please type or print in ink.)

Name _____
First Middle Last

Address _____
Street City State Zip

Social Security # or EIN# _____

Company Name _____

Address _____
Street City State Zip

Business Phone _____ Cell Phone: _____

Home Phone _____ Fax _____

Email Address _____

☐ Proprietor ☐ Partnership ☐ Incorporation ☐ Limited Liability Corporation

PLEASE ATTACH TWO 1" X 1" PHOTOGRAPHS
(Please do not use staples)

PLEASE DESIGNATE THE CONTRACTORS LICENSE (COMPETENCY CARD) FOR WHICH YOU ARE APPLYING _____.

State License #(s)_____.

Assigned County License/Competency Card #(s)_____.

County will assign these numbers

This is a contractor's license and you can obtain permits with this license.

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PLEASE DESIGNATE THE COUNTY COMPETENCY CARD FOR WHICH YOU ARE APPLYING BY CHECKING ONE OF THE FOLLOWING. (This is not a Contractors License and you cannot obtain permits with this. You are an insured Business with workers compensation or exemption and can work under a licensed contractor or homeowner.

Assigned County Competency Card #(s)\_\_\_\_\_

County will assign this number

☐ SPECIALTY CARPENTRY Those who have the knowledge and skill to install wood products in a building including, nonstructural, sheathing, painting, carpet, cabinets and the work of a finish Carpenter.

☐ SPECIALTY MASONRY/CONCRETE: Those who are qualified to do the work of a masonry contractor and to pour, place and finish concrete flatwork (floors, sidewalks, etc.) including placement of mesh reinforcement, vapor barriers, and edge forms incidental thereto.

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### EDUCATIONAL RECORD (Circle the highest grade completed)

GRADE SCHOOL: 1 2 3 4 5 6 7 8

\_\_\_\_\_  
Name of School Telephone Number

Address

\_\_\_\_\_  
City State Zip  
HIGH SCHOOL 9 10 11 12

\_\_\_\_\_  
Name of School Telephone Number

Address

\_\_\_\_\_  
City State Zip

College: 1 2 3 4 Major:

\_\_\_\_\_  
Name of College Telephone number

\_\_\_\_\_  
Address State Zip

Trade School (or other) Explain type, number of years, name and address or location, and course of study

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Record (in brief) for the past ten (10) years**

**List any current Certificates of Competency or State License you hold and indicate if they were secured by an examination or other means**

| Type of Certificate | Certificate Number | Date Issued/Expired | Place Issued |
|---------------------|--------------------|---------------------|--------------|
|---------------------|--------------------|---------------------|--------------|

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**Have you ever been refused a Certificate of Competency or had your license suspended or revoked?**

☐ No ☐ Yes (If yes, explain)

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**State in detail the type of experience and length of time you have had in the construction field.**

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**List below some of your recently completed projects. Give the following information:**

1. Position or responsibility held on the project
2. Name of the project
3. Work that was completed by you on the project
4. Location of the project
5. Date of completion
6. Approximate Cost
7. Contact person for the project and their phone number

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| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
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**Other information:**

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**References:**

1. \_\_\_\_\_ Phone# \_\_\_\_\_
2. \_\_\_\_\_ Phone# \_\_\_\_\_
3. \_\_\_\_\_ Phone# \_\_\_\_\_
4. \_\_\_\_\_ Phone# \_\_\_\_\_

**AFFIDAVIT**

I, \_\_\_\_\_, the undersigned hereby make application for certification and do vouch for the truth and accuracy of all statements and answers herein contained.

The undersigned hereby certifies that he/she will act only for himself/herself, or that he/she is legally qualified to act on behalf of the business organization sought to be certified in all matters connected with its contracting business and he/she has full authority to supervise construction undertaken by himself/herself or such business organization, and that he/she will continue during this certification to be able to bind or act for this business change in this position.

Any willful falsification of any information contained in this application or attached forms are grounds for disqualification.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Applicant Signature

Identify By ☐ \_\_\_\_\_ ☐  
(Form of ID)

Personally known

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

Seal

\_\_\_\_\_  
Printed Name of Notary

**This application will not be accepted without all required documents.**

**Completed Applications must be notarized and returned to:**

**Gadsden County Building Inspection Department  
1-B East Jefferson Street  
P.O. Box 1799  
Quincy, Florida 32353-1799**