



Application Instructions for State Registered (Local) Contractors **Local Specialty and State Registered (Certificate of Competency)**

Any inquiries regarding the following instructions should be directed to Contractor Licensing

Email: licensing@hcflgov.net

Phone: (813) 272-5600

1. **WHO SHALL FILE FOR A CERTIFICATE OF COMPETENCY (CONTRACTOR'S LICENSE):**

Any resident or non-resident of Hillsborough County who intends to operate a business or qualify a partnership, firm or corporation; or contract or sub-contract (except where exempted by law) as an individual in the City of Tampa, Temple Terrace, Plant City, and/or Hillsborough County under any regulated contractor classification. Approval for licensing is granted by the appropriate Hillsborough County Board of Adjustment, Appeals, and Examiners. The Boards are Building, Electrical, Mechanical, and Plumbing. Hereafter referred to as "Board". **See Trades Which Require a License.**

2. **APPLICATION AND FEES:**

The fee is **\$280** and **non-refundable** for each license application. If applying for more than one license, a separate application is required for each license.

3. **CRIMINAL BACKGROUND CHECK AND CREDIT REPORT:**

Contractor Licensing will obtain your criminal background check and credit report to include with your application package. Should there be any items of concern, you will be provided with a copy. **See Suggested Guidelines.**

4. **APPLICATION SUBMITTAL:**

Contractor Licensing will not process an incomplete application. **See Checklist for Application Submittal.** Applications must be submitted a minimum of **30 days prior** to appropriate Board hearing. The Building Board meets monthly. The Electrical, Mechanical, and Plumbing Boards meet quarterly. Contact Contractor Licensing directly for a schedule of Board hearing dates.

The application should be submitted in person. However, if it is not possible to do so, you may mail the application with your payment and a self-addressed, stamped envelope. If paying by check, make check payable to Hillsborough County BOCC. For applications sent by mail, this may result in additional delays in processing as incomplete applications will be returned to the applicant. Contractor licensing **will not hold** an incomplete package.

Mail to: Hillsborough County Contractor Licensing, 601 E. Kennedy Blvd., 19th Floor, Tampa, FL 33602

5. **BOARD HEARING:**

Your application will reviewed by the Board for approval. While attendance is not mandatory, it is highly recommended you attend the hearing in order to answer any questions the Board may have. You will be notified by mail regarding hearing date, time, and location.

6. **EXAMINATION:**

Upon Board approval, Contractor Licensing will provide your contact information to a third-party testing agency. The agency will contact you via email and/or phone. All exam scheduling, payments, locations, and instructions will be handled by the testing agency. They will also provide a list of reference materials for the exams.

(Examination continued on page 2)



There are 2 (two) exams and the minimum score required is **75%**. One exam is on the fundamentals of the trade; the second exam is on basic Florida business & law. They are both open-book. Verify with the testing agency their policy regarding open-book rules.

Consideration for persons qualifying under the American Disabilities Act may be arranged through the testing agency. In order to qualify, the applicant must meet ADA requirements and furnish required documentation from a doctor to the testing agency.

7. **RECIPROCITY APPLICANTS:**

Exams are recognized for reciprocity in most counties in the state of Florida. Hillsborough County reciprocates only with jurisdictions which reciprocate in turn. If you did not score a minimum of **75%** on either part of the exam, the Board will require that you re-test. For additional checklist items specific to reciprocity: **See Checklist for Application Submittal.**

8. **LICENSE REGISTRATION AND FEES:**

After Board approval and proof of passing exam scores, you will be able to register for your license. You will need to supply your general liability policy, worker's compensation policy or exemption, and the Hillsborough County Code Compliance Bond (**forms and instruction are located at the end of the application packet**). You will also have a registration fee due. The normal fee is \$140 for a 2 year cycle. The cycle begins on August 31st of odd years. Contractor Licensing will provide an exact fee due when you are ready to register for your license if your registration falls in between cycles.

9. **STATE REGISTRATION:**

Some trades will require registration with the State of Florida before the license can be activated in Hillsborough County. **See Trades Which Require a License.** It is the applicant's responsibility to contact the Department of Business & Professional Regulation (DBPR) to register their license. Information can be found on the DBPR web site www.myfloridalicense.com. You are required to continue renewing **both** the Hillsborough County registration and State of Florida registration (inquire with the DBPR regarding their renewal process).

A state registered license is valid only in the issuing jurisdiction and you will have to apply for reciprocity in other jurisdictions. All licenses listed as requiring state registration are offered as CERTIFIED directly through the DBPR. It is suggested to research if the CERTIFIED license may be a better option for you because the CERTIFIED license valid statewide.

10. **LICENSE RENEWALS:**

If a license registration is not renewed for more than **2 consecutive years**, you must apply for reinstatement and appear before the Board. The Board may require re-testing. If the license is not renewed for a period of **5 years or more**, the license becomes invalid and you must apply as a new applicant, including retesting.

11. **APPROVED APPLICATION REQUIREMENT:**

If a license is not activated within 18 months of Board approval, the approval becomes void and you must begin the licensing process as new applicant.

12. **DENIED APPLICATIONS:**

Applications which are denied by the Board cannot re-apply less than 6 months from date of Board denial. Re-submittals will require payment of the full application fee. A new background check and credit report will be made a part of the re-submittal package. Denied applications are kept for a period of 18 months from date of the original Board Hearing.



Suggested Guidelines for Credit Report and Experience Details

The following information can significantly aid in Board determination of your eligibility to obtain a Contractor's License/Certificate of Competency. In order to submit an application that best represents you as an individual, please review the below carefully.

CREDIT AND CRIMINAL BACKGROUND CHECK:

Members of the Board are required to ascertain whether an applicant for a Contractor's License/Certificate of Competency demonstrates current good credit. Therefore, it is incumbent upon an applicant to review his or her credit report prior to appearing before the Board and be prepared to explain any discrepancies existing at that time. If there are significant issues with your credit report or if you believe there are errors, it is in your best interest to supply additional information to the Board from other sources showing evidence of good credit, such as the establishment of a recent line of credit with a business partner/suppliers, or updated accounts reflecting their current payment status. These items should be officially issued by companies on letterhead or company statements and have account numbers (where applicable).

Copies of evidence or official relevant information regarding flagged items shall be provided to the building department no later than ten (10) days prior to the hearing. Bringing documents to the hearing is not recommended as the Board collectively spends hours of their own time reviewing applications and cannot give an accurate and thorough review of additional data during the hearing. The Board reserves the right to not admit the materials if brought to the hearing.

For any flagged items on your background check, please provide written explanation and any official court documents that may be relevant to the charges.

VERIFICATION OF CONSTRUCTION EXPERIENCE:

Members of the Board are required to ascertain whether applicants demonstrate the appropriate amount of hands-on experience to qualify for the Certificate of Competency (Contractor's License) in the trade in which you are applying. Your experience can only be verified by a contractor of the same trade or a trade that includes the scope of work for which you are applying.

Please provide explicit information and/or explanations to make it easier for the Board to evaluate your past work. You may do this on your Work History form. Also, have the Contractor on your Verification of Experience form include such details. Describe the type of hands-on work performed. Describe the kind of buildings, structures, or projects worked upon. Give any details that might aid in evaluating your experience. Attach additional page(s) as necessary.

If you are from a State that does not license contractors or trade specialties, the Board will most likely require a verification from a registered architect or professional engineer that can attest to your past work experience. Verification from a family member is not acceptable. Furthermore, the person verifying your work experience must have his/her signature notarized in accordance with applicable laws. Please verify these requirements.



Checklist for Application Submittal

- Completed application
- Copy of government issued identification (also, if not a U.S. citizen, you will need a copy of your Permanent Residency card)
- One (1) passport-sized color photograph
- Two (2) personal/character reference letters (NON-WORK related & to be dated and notarized, cannot be written by a family member)
- OPTIONAL** - Copies of any certificates of completion from any accredited school or program
- ADDITIONAL ITEM THAT MAY BE REQUIRED:** If the contractor verifying your work experience is not a Certified State of Florida contractor, include a copy of his/her contractor's license. The license must have required testing to obtain in order for the license holder to complete the Verification of Experience form.

THE FOLLOWING ITEMS ARE REQUIRED FOR RECIPROCITY APPLICATIONS ONLY (in addition to the above documents):

- If applying for Reciprocity, please have the County/Jurisdiction in which you took your exams send a letter of reciprocity prior to application submittal to Hillsborough County.
- If applying for Reciprocity, include a copy of all contractor licenses you hold in any other County/Jurisdiction (and from the State of Florida if your trade is required to be registered with the state) with your application.

PLEASE NOTE: Do not submit any insurance or bond documents with your application. General liability policy, worker's compensation policy or exemption, Hillsborough County Code Compliance Bond, and Permit Agent Form (if applicable) are required **AFTER** passing the exams and you are ready to pay the license registration fees. These forms can be found at the end of the application package and you should retain them for future use.

Application should be delivered to:

Hillsborough County Contractor Licensing
601 E. Kennedy Boulevard, 19th Floor
Tampa, Florida 33601

For any further questions please contact Contractor Licensing:

Email: licensing@hcflgov.net
Phone: (813) 272-5600

Faxed applications will not be accepted.
Illegible, incomplete, or altered applications will not be accepted.
*****Documents cannot be notarized by family members*****



Trades Which Require a License in Hillsborough County

<p style="text-align: center; background-color: yellow;">The trades below are local specialty licenses only and <u>do not require</u> additional registration with the State of Florida.</p> <p style="text-align: center;">Years of experience required is located next to the trade. One year = 2,000 hours</p>	<p style="text-align: center; background-color: yellow;">The trades below <u>require</u> additional registration with the State of Florida Department of Business and Professional Regulations (DBPR). See <u>State Registration</u> section in instructions.</p> <p style="text-align: center;">Years of experience required is located next to the trade. One year = 2,000 hours</p>
Aluminum Structure (1)	General Contractor (4)
Carpentry (1)	Building Contractor (4)
Concrete (1)	Residential Contractor (4)
Demolition (1)	Roofing Contractor (4)
Drywall (1)	
Garage Door Installation (1)	Electrical, Master (6)
Glass & Glazing (1)	Electrical, Residential (3)
Hurricane Shutters (1)	Electrical, Low Voltage (3)
Insulation (1)	Electrical, Alarm System Contractor I (3)
Irrigation (1)	Electrical, Alarm System Contractor II (3)
Marine Contractor (4)	Electrical, Signs (3)
Masonry (1)	
Painting (1)	Mechanical (4)
Paving (1)	Class A Air Conditioning (4)
Plaster & Stucco (1)	Class B Air Conditioning (4)
Siding, Windows & Doors (1)	
Signs, non-electrical (1)	Plumbing (4)
Solar (4)	Natural Gas (2)
Structural Steel (1)	Pool/Spa Commercial (4)
Tile & Marble (1)	Pool/Spa Residential (4)
Waterproofing, Guniting & Sandblasting (1)	Pool/Spa Servicing (1)
	Underground Utility & Excavation (4)



Application for State Registered (Local) Contractors
Local Specialty and State Registered (Certificate of Competency)

Applicant Information

Date: _____

I am applying to the Board of Adjustments, Appeals and Examiners:
(Must be a trade as listed in application instructions)

[] To TEST for the following Licensing Category:

[] For RECIPROCIY for the following Licensing Category:

Attach Recent
COLOR
Passport Photo
(Do not staple)

Full Name: _____
First Middle Last Suffix

Date of Birth: _____ Social Security No.: _____ - _____ - _____

Are you a United States citizen? Yes [] No []

NOTE: IF NOT A U.S. CITIZEN, APPLICANT MUST PROVIDE PERMANENT RESIDENCY CARD

Mailing Address: _____
Street Number and Street Name

City: _____ State: _____ Zip Code: _____

Primary Contact Phone Number: () - _____

Primary Email Address: _____

If unknown at this time, leave the below information blank:

Business to be Qualified: _____

Business Address: _____
Street Number and Street Name

City: _____ State: _____ Zip Code: _____

Business Phone Number: () - _____



Background Information

Background Information			
	Attach additional sheets to explain any question answered with "Yes".	Yes	No
1	Has any license, registration or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or withdrawn in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?		
2	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?		
3	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraudulent or dishonest dealing, or is there any such case or investigation pending?		
4	Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withhold of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION WILL BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY.		
5	Are there any financial issues on your credit report you wish to address prior to your scheduled board hearing? If so, please provide official documentation of any accounts you are specifically going to address. <u>Provide the documentation and explanation on a separate page.</u>		

Education

School Name	City & State	Years Attended	Did You Graduate?	Degree/Certificate
<u>High School</u>		From: To:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	
<u>College or University</u>		From: To:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	
<u>Vocational/Technical or Apprenticeship School</u>		From: To:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	



Verification of Construction Experience - PAGE 1 OF 2

PLEASE NOTE: If the contractor verifying your work experience is not a Certified State of Florida contractor, include a copy of his/her contractor's license. The license must have required testing to obtain in order for the license holder to complete the Verification of Experience form.

PLEASE NOTE: If applicant is self-employed, notarized letters from building officials, licensing agencies, and/or contractors you performed work for may be submitted for Board consideration. Provide official documents on letterhead with verifier's title/position, contact information, and notarized signature. Verification letters must be furnished to substantiate the minimum experience in the trade. It is suggested you submit letters from multiple sources. Letters must contain significant detail of hands-on experience.

Date: _____

In reference to applicant: _____
First Middle Last Suffix

I, _____,
Print Full Name of License Holder Contractor License # or Certificate #

licensed in: _____,
Jurisdiction of License hereby certify that I personally have knowledge that the above

named applicant has the EXPERIENCE PERFORMING THE WORK DESCRIBED ON PAGE 2, having performed

HANDS-ON work between _____ to _____.
MONTH/YEAR MONTH/YEAR

One year of full-time work = 2,000 hours (approximately 167 hours a month)

HANDS-ON & FOREMAN/SUPERVISOR CANNOT BE COMBINED AS A TOTAL BUT THEY MAY OVERLAP IN TIME PERIODS

_____ Hours HANDS-ON (confirm required minimum hours on trades list)

_____ Hours as a FOREMAN/SUPERVISOR (if applicable)

LICENSE HOLDER SIGNATURE: _____ CONTACT PHONE #: _____

State of: _____

County of: _____

Before me, personally appeared, _____, who produced _____
_____ as identification or is personally known to me, and who did affirm and subscribed before me this _____
_____ day of _____, 20_____.

Affix Seal
or
Stamp

Signature of Notary Public

Name of Notary Typed, printed or stamped

My Commission Expires: _____



Verification of Construction Experience - PAGE 2 OF 2

Members of the Board are required to ascertain whether an applicant demonstrates the appropriate amount of hands-on experience to qualify for the Certificate of Competency (Contractor's License) in a trade.

In your own words describe what you know of the applicant's experience. Describe the type of hands-on work he/she performed. For example - describe the kind of buildings/structures/projects worked, scopes of work, commercial or residential, interior or exterior, application processes, materials used, phase of construction, etc. Give any details that might aid in evaluating his/her experience. Attach additional notarized page(s) as necessary.

Print Full Name of License Holder

Contractor License # or Certificate #

Multiple horizontal lines for handwritten text entry.

LICENSE HOLDER SIGNATURE: CONTACT PHONE #:

State of:

County of:

Before me, personally appeared, who produced as identification or is personally known to me, and who did affirm and subscribed before me this day of, 20.

Affix Seal or Stamp

Signature of Notary Public

Name of Notary Typed, printed or stamped

My Commission Expires:



Attestation Statement of Applicant

Applicant must provide as part of this Application the supplemental information and documentation required on the "Checklist for Application Submittal" for the Licensing Category being requested.

I certify that I am empowered to execute this application and under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.

I acknowledge that I am providing my social security number to Hillsborough County for the purpose of obtaining my criminal background history and a credit report to verify accuracy of my credit worthiness. I understand that said history and reports will be deemed confidential.

Applicant's Signature: _____ Date: _____

State of: _____

County of: _____

Before me, personally appeared, _____, who produced _____ as identification or is personally known to me, and who did affirm and subscribed before me this _____ day of _____, 20_____.

*Affix Seal
or
Stamp*

Signature of Notary Public

Name of Notary Typed, printed or stamped

My Commission Expires: _____



Authorization for Payment by Credit Card

The Center for Development Services, Building & Construction Services

OFFICE USE ONLY	LIC reference #:	Fee \$
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Complete the following:

Type of payment:	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Card number _____	Expiration date _____			
V Code _____	(Last three digits on the back of the card)			
Name (print or type) _____	Name as it appears on the credit card			
Card billing address _____	Address used by credit card company to mail billing statements			
City _____	State _____	Zip _____		
Cardholder signature _____				

All information, including zip code, must be completed or your request will not be processed.
A completed form and signature authorizes Hillsborough County staff to charge fees and/or payments for services or permits as applicable to the cardholder's credit card.

*****This form is not necessary if paying in person or by mail with check or money order*****



Instructions for Hillsborough County Code Compliance Bond

The Code Compliance bond is required of all contractors working in Hillsborough County (not required of State Certified Contractors). Please ensure your bonding company completes all lines correctly.

1. "Bond For" should be the classification of contractor (i.e. Building, General, Mechanical, Electrical, Plumbing, Gas, Specialty (specific trade), Swimming Pools, Roofing, Irrigation, etc.).
NOTE: A separate bond is required for each license category/license held.
2. The principal of the bond ("That we") should have the complete name of the **License Holder and the Company**. Only one company name should be listed. If the contractor does not qualify a company and works as "individual", then the contractor's full name is acceptable. Bonds with only the company name will not be accepted. If the license holder qualifies a corporation or firm, the license holder must be an active officer of that corporation or firm, or must be its designated agent.

EXAMPLE OF PRINCIPAL ON BOND:

John Doe

OR

John Doe / ABC Construction Inc. or John Doe dba ABC Construction Inc.

3. The second blank space in Paragraph 1 names the Surety Company providing the bonding.
4. The second blank space in Paragraph 2 must contain the same as indicated above in item 2.
5. The license holder must sign the bond. The name of license holder must be printed/typed on the line above signature line. The "company" is not the license holder.
6. All bonds are "Continuous" until cancelled. Hillsborough County Contractor Licensing must receive all notices of cancellation no later than 15 days prior to the effective date of cancellation.
7. The Surety (bonding) Company is to notify, in writing, the Hillsborough County Contractor Licensing at (813) 272-5600, when any claim is made on any bond, whether paid on or not.
8. All bonds must contain the seal of the surety company and be signed by the Attorney-in-Fact for the surety company. A Power-of-Attorney for the individual signing on behalf of the surety company shall be attached to all bonds.

Hillsborough County Contractor Licensing

601 E. Kennedy Boulevard, 19th Floor

Tampa, Florida 33601

Email: licensing@hcflgov.net

Phone: (813) 272-5600



Hillsborough County Code Compliance Bond

All Information is to be Typed or Clearly Printed

Bond for _____ Contractor Bond # _____
Type of License Held _____

Insurance Agency _____ Phone # _____

KNOWN BY ALL MEN THESE PRESENTS

That we, _____, and
(License Holder's Name, if as Individual OR License Holder's Name AND Company Name, if qualifying a Company)

(Name of Surety/Bonding Company providing Bond)

a corporate authorized to do business in the State of Florida (hereafter called Surety), are held and firmly bound unto _____, Governor of the State of Florida, and his successors in office, in the penal sum of Five Thousand Dollars (\$5,000), the true payment whereof well and truly to be made we do bind ourselves, our respective heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by this bond.

DATED THIS _____ DAY OF _____, 20_____

The condition of this bond is such that if the above bound Principal, the said _____ shall protect all persons suffering any loss or damage occasioned by said Principal failing to comply with any of the provisions of any municipal or county code applicable to the work performed by said Principal or officer, employee or agent of said Principal, or under the direction and supervision of said Principal and shall, without additional cost to the person for whom any such work is performed, remedy all defects in said work due to faulty workmanship or material furnished or used by said Principal, and shall reconstruct any such defective work and will replace or make good any such defective material to the satisfaction of the inspector having jurisdiction of the class of work embraced in the Code applicable thereto, at any time within one (1) year after the performance of any such work by said Principal, his agents or employees, and within forty-eight (48) hours after notice from such inspector to reconstruct, replace or repair the same, then this obligation shall become null and void; otherwise to remain in full force and effect.

The failure or default on the part of the Principal in remedying any defects in such work due to faulty workmanship or incorrect construction or installation or due to faulty materials furnished or used by said Principal, shall give the person for whom such work is performed a right of action against the Principal and Surety under this obligation; provided, however, that no suit, action, or proceeding by reason of any default shall be brought on this bond after one (1) year from date of final completion of the work done by the Principal for any such person.

This bond shall be considered continuous until such time as notification of cancellation is furnished to the Hillsborough County Building & Construction Services, Construction Licensing Team. Cancellation must be received no less than fifteen (15) days prior to the cancellation effective date.

Printed/Typed License Holder's Name – NOT Company Name

Surety _____

License Holder's Signature

By _____
Attorney-in-Fact Surety

(AFFIX INSURANCE COMPANY SEAL)



Insurance Certificate Information

1. **Producer:** upper left corner of Accord 25 form must include the

Insurance agency information:

Name
Address
Phone number

2. **Certificate Holder:** lower left corner of Accord 25 form must read:

Hillsborough County Contractor Licensing
601 E. Kennedy Boulevard, 19th Floor
P.O. Box 1110
Tampa, Florida 33601

Must include BOTH the physical address & the P.O. Box # as shown.

3. **Contractor's Name** (not company name) and **license number** must be shown in the "Description of Operations" box above the "Certificate Holder" box.

4. **Out of State Companies:** the following must be stated in the description box:

"Covers all employees in the State of Florida"