



Reinstatement 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 REINSTATEMENT OF CERTIFICATE OF COMPETENCY (CONTRACTOR'S LICENSE):**

Any individual previously licensed by Hillsborough County who intends to operate a business or qualify a partnership, firm, corporation or contract or sub-contract (except where exempted by law) in the City of Tampa, Temple Terrace, Plant City, and/or Hillsborough County under any regulated contractor classification and whose previous license (Certificate of Competency) has expired for more than two (2) years or whose license has been in an "inactive" status for more than two (2) years. Applicants whose delinquent or inactive status has exceeded five (5) years must reapply for licensure as if they have never held a license in Hillsborough County (see paragraph 2 Exemption). Applicants whose license has been delinquent or inactive 2-5 years may be required to retest; applicants whose license has been delinquent or inactive more than 5 years will be required to apply as a new applicant and cannot apply for reinstatement. There is an exemption to this condition, see item #3.

2. **APPLICATION AND FEES:**

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

3. **EXEMPTION REFERENCED IN ITEM #1:**

Any applicant who has maintained a current Certificate of Competency in another jurisdiction, for the entire period that the Hillsborough County license has been delinquent or inactive, may be reinstated by the Building Official or his representative providing there are no concerns by the County relating to the applicants payment history (credit report) or background check. Should the County have any concerns relating to the application the application will be referred to the appropriate Board for full review. Applicants utilizing this exemption must have the jurisdiction in which they have held a license during the required period provide a Letter of Reciprocity. This letter must specially include the period the license has been active in the jurisdiction providing the letter.

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

Contractor Licensing will obtain a criminal background check and credit report will be made part of your application package. Should there be any items of concern, you will be provided with a copy. **See page 3, Suggested Guidelines**

5. **EXAMINATION:**

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

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



6. **REGISTRATION FEES:**

The registration fee is \$140 for a 2 year cycle. The cycle begins on August 31st of odd years. Contractor Licensing can provide an exact fee due when you are ready to register for your license.

7. **STATE REGISTRATION:**

Some trades must be registered with the State before their licenses can be activated in Hillsborough County. It is the applicant's responsibility to contact the Department of Business & Professional Regulation to register their license. Information can be found on the DBPR web site <http://www.myfloridalicense.com>. **Please note:** You are required to continue renew **both** the Hillsborough County registration and State of Florida registration (inquire with the DBPR regarding their renewal process).

8. **REGISTRATION REQUIREMENT:**

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

9. **APPLICATION SUBMITTAL:**

Hillsborough County will not process an incomplete application. **See page 4, 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 the Contractor Licensing Team for a schedule of Board meeting dates.

The application should be submitted in person; however, if it is not possible to do so, the application may be mailed with payment. Please include a self-addressed, stamped envelope for your receipt to be returned to you. 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. Hillsborough County will not hold an incomplete package.

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

10. **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 Verification of Experience Detail

The following information can significantly aid in Board determination of your eligibility to obtain a Certificate of Competency (Contractor's License). In order to submit an application that best represents you as an individual.

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 regarding your credit check shall be provided to the building department at least ten (10) days prior to the hearing. Bringing updated 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.

Contractor Licensing will independently pull a criminal background check. If any items are flagged, you will be mailed a copy of the reports for review.



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)

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

- Copies of any current licenses held in other jurisdictions if you meet exemption requirements in item #3
- Letter from the jurisdiction in which they have held a license during the required period provide a Letter of Reciprocity. This letter must specially include the period the license has been active in the jurisdiction providing the letter if you meet exemption requirements in item #3

PLEASE NOTE THE FOLLOWING: Bond, General Liability Insurance Certificate, Workers' Compensation Certificate (or Exemption Certificate), & Permit Agent Form (if applicable) are required only after passing the exams (if applicable) and the applicant is ready to pay his/her license registration fees. These forms can be found at the end of the application package when needed, please retain for future reference.

Application should be delivered to:

Hillsborough County Development Services
ATTN: Contractor Licensing
601 E. Kennedy Boulevard, 19th Floor
P.O Box 1110
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*****



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

Applicant Information

Date: _____

I am applying for **REINSTATEMENT** of:

License #: _____

In the trade of: _____

(THE SPECIFIC TRADE ORIGINALLY LICENSED)

Full Name: _____
Last First Middle Suffix

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

Are you a citizen of the US? Yes No

NOTE: IF NOT A U.S. CITIZEN, APPLICANT MUST PROVIDE PROOF OF RIGHT TO WORK IN THE U.S.

Mailing Address: _____
Street Number and Street Name

City: _____ County: _____ State: _____ Zip Code: _____

Primary Contact Phone Number: (____) _____ - _____

Email Address: _____

Business to be Qualified: _____

Business Address: _____
Street Number and Street Name

City: _____ County: _____ 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>		



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. I understand that it may also be used should Hillsborough County need to obtain a credit report to further 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	Permit No.	Total \$
	License No.	Fee \$

Complete the following:

Type of payment: VISA MasterCard Discover 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.

For your credit card security, fax your credit card information to the following number.

Fax Number

Contractor Licensing 813-635-7367

If faxing payment form, you **must** inform Licensing when application is emailed.



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"