1. **WHO MUST FILE FOR EXAMINATION:** 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.

2. **APPLICATIONS:** Applications, including all items listed in Paragraph 11, must be filed with the Contractor Licensing Team, Hillsborough County Building & Construction Services. The Hillsborough County Plumbing & Gas Board of Adjustment, Appeals, and Examiners must approve an applicant prior to the applicant scheduling an exam. (See or contact Contractor Licensing staff for a schedule of Board meeting dates and cut-off dates for application submittal).

3. **APPLICATION FEES:** The non-refundable application fee of $280 includes payment for a Credit Report and Background Check pulled by Hillsborough County and made a part of the application package. If paying by check, make check payable to Hillsborough County BOCC. If an exam must be retaken, there is a fee of $30 for issuance of a new exam registration form. Exam fees are to be paid directly to the testing agency. Applications which are denied by the Board cannot be resubmitted within 6 months of the 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.

4. **EXAMINATION:** After approval of your application by the Plumbing Board you will be notified by the Hillsborough County Contractor Licensing Team about scheduling your exams. One exam is a test of knowledge in the fundamentals of the Trade; the second exam is a test of one’s knowledge of basic Florida Business & Law. Exams are open book (you may highlight but do not write in the book or you will not be able to take the book into the examination room).

5. **SPECIAL EXAMINATIONS:** 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

6. **PASSING SCORES:** For registration in Hillsborough County, a minimum passing score of 75% is required on both the Trade exam and the Business & Law exam.

7. **RECIROCITY:** The exams are recognized for reciprocity in almost all Counties in the State of Florida. Hillsborough County reciprocates only with jurisdictions which reciprocate in turn. Normally, when applying for reciprocity to another jurisdiction, you will not have to retest if your scores meet the requirements of that jurisdiction; however, any additional requirements of the jurisdiction being reciprocated to would still have to be met. All Reciprocity applications into Hillsborough County require Board approval. (See or contact Contractor Licensing staff for a schedule of Board meeting dates and cut-off dates for application submittal).

8. **REGISTRATION FEES:** The normal fee for Registration in Hillsborough County is $70/yr.
9. **LICENSE RENEWALS:** If a Certificate is not renewed for 2 consecutive years, the license holder must reapply for reinstatement and appear before the Building Board. The Board may require retesting. If the license is not renewed for a period of 5 years or more, the license becomes invalid and the individual must reapply as a new applicant. If approved, the applicant must be retested. **Licenses may be issued for 2-year cycles; however, depending on when your license is first issued, the initial fee of $70/yr may vary in order to get you into the proper 2-year cycle.**

10. **STATE REGISTRATION:** Some trades must be registered with the State before their licenses can be activated (active or inactive) in Hillsborough County. If a license is not activated within 18 months of Board approval, both the license and Board approval become void and the applicant must begin the licensing process as new applicant. 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.myflorida.com/dbpr/pro/forms/index.shtml](http://www.myflorida.com/dbpr/pro/forms/index.shtml).

11. **APPLICATION SUBMITTAL:** Hillsborough County will not process an application unless it is filled out completely on forms provided by the Hillsborough County Contractor Licensing Team, and all required information is attached. The Plumbing Board meets quarterly and **applications must be submitted a minimum of 30 days prior to Board Hearing. All information must be typed or clearly printed. Illegible or incomplete applications will not be accepted.** For applications sent by mail, this will result in additional delays in processing as incomplete applications will be returned to the applicant. Hillsborough County will not “hold” an incomplete package. **Faxed applications will not be accepted, and all documents with signatures must be the original.**

   A. The applicant should submit his/her application in person; however, if it is impossible to submit the application in person, the application may be mailed, along with the **non-refundable application fee of $280**. The application package must include the following:
      a. Completed application **(to include work the verification form(s) and a copy of current driver’s license).**
      b. Passport size color photograph attached to page 1 upper left of application.
      c. Copies of all Certificates of Completion from any accredited school.
      d. 2 personal character reference letters **(non work related and be notarized)**

   **NOTE:** Bond, Liability Insurance Certificate, Workers’ Compensation Certificate (or Exemption Certificate), & Permit Agent Form do not have to be turned in until such time the applicant is actually ready to pay his license fees.

   B. Application should be delivered to:

```
Hillsborough County Building & Construction Services
ATTN: Contractor Licensing
601 E. Kennedy Boulevard, 19th Floor
P.O Box 1110
Tampa, Florida 33601
Phone (813) 635-7312
(813) 635-7316
Fax: (813) 635-7367
```
Suggested Guidelines
For
Board Consideration of
Certificate of Competency Applications

CREDIT:

Members of the Board are required to ascertain whether an applicant for a Certificate of Competency License demonstrates current good credit. Therefore, it is incumbent upon an applicant to check 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 or updated accounts reflecting their current payment status.

Copies of this evidence 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. The above information is important to you because if the Board denies your application at the hearing, you will lose your application fee and have to wait six (6) months to re-apply.

VERIFICATION OF CONSTRUCTION EXPERIENCE:

Members of the Board are also required to ascertain whether applicants demonstrate the appropriate amount of “trade or hands on experience” to qualify for the Certificate of Competency License in which they are applying for. Please provide explicit information and/or explanations to make it easier for the Board to evaluate your past work. 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 their signature notarized in accordance with applicable laws. Please verify these requirements prior to submitting your documents to the building department.
LICENSE APPLICATION PLUMBING CONTRACTOR

FAXED APPLICATIONS WILL NOT BE ACCEPTED
ALL INFORMATION MUST BE TYPED OR CLEARLY PRINTED
ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED
APPLICATION FEES ARE NON-REFUNDABLE

BY SUBMITTING THIS APPLICATION, THE APPLICANT AUTHORIZES HILLSBOROUGH COUNTY CONTRACTOR LICENSING TO PULL A CREDIT REPORT AND BACKGROUND CHECK WHICH WILL BECOME A PART OF THIS APPLICATION

ATTACH
RECENT COLOR
PASSPORT PHOTO HERE

PERSONAL DATA
Date: ________________________ Social Security No: _____-____-________
Name: ________________________ Last    First    Middle
Date of Birth: ________________ Place of Birth: _______________________
Res. Address: ____________________________
City/St: _________________________, _____ Zip Code: _________ Ph: ________________
Business Name: ____________________________
Bus. Address: ____________________________
City/St: _________________________, _____ Zip Code: _________ Ph: ________________
Job Title: ____________________________ U.S. Citizen? Yes____ No____
NOTE: IF NOT A U.S. CITIZEN, APPLICANT MUST PROVIDE PROOF OF RIGHT TO WORK IN THE U.S.

EDUCATION

High School:   (Name, City, State)   Years Attended   Graduate   Degree

__________________________________________   _____________   ________    ______

College or University: (Name, City, State)  Years Attended  Graduate Degree

__________________________________________   _____________   ________    ______

Trade School: (Name, City, State)  Years Attended  Graduate Degree

__________________________________________   _____________   ________    ______
__________________________________________   _____________   ________    ______
<table>
<thead>
<tr>
<th>Dates (month/year)</th>
<th>Name &amp; Address of Employer, Your Title or Position, Your Specific Job Duties and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
</tr>
</tbody>
</table>

Attach additional sheets as needed to complete your work history

I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND CORRECT

Signature of Applicant

Affix Seal

STATE OF ________________________________

COUNTY OF ________________________________

Sworn to (or affirmed) and subscribed before me this

_______, day of __________________________, 20____

by __________________________________________

(Name of Person Making Statement, Typed or Printed)

____________________________________________________

(Signature of Notary)

____________________________________________________

(Name of Notary Typed, Printed, or Stamped)

My Commission expires: ________________________________

Personally Known _______ OR Produced Identification

____________________________________________________

(Type of Identification Produced)
LICENSE APPLICATION PLUMBING CONTRACTOR w/Gas
CONSTRUCTION WORK EXPERIENCE

ALL INFORMATION MUST BE TYPED OR CLEARLY PRINTED
ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED
APPLICATION FEES ARE NON-REFUNDABLE

COPIES OF THIS FORM MAY BE MADE FOR ADDITIONAL EMPLOYERS

Employers, past and present, must certify to the number of hours an applicant actually worked under the
direct supervision of a Licensed Plumbing Contractor. A minimum or 8,000 hours total is required.

Name of Company: ___________________________________________________________
Address: ___________________________________________________________________
City: ______________________________________ State: ____  Zip Code: ______________
Contact Person: _____________________________ Phone No.: (____) _________________

I hereby certify that ___________________________________________________________
worked _____________ hours under the supervision of a Licensed Master Plumber from
_____________ to _____________.
Month/Year                                        Month/Year

____________________________________________        ___________________________
License Holder's Signature                                                                                                             Plumbing License No.

_____________________________________________________        _________________________________
Printed Name of License Holder     Contact Phone No. of License Holder

STATE OF ____________________________
COUNTY OF ____________________________
Sworn to (or affirmed) and subscribed before me this
_______, day of ________________________, 20____  
by ____________________________
(Name of Person Making Statement, Typed or Printed)

Affix
Seal

My  Commission expires:________________________________
Personally Known _______ OR Produced Identification
____________________________________________________
(Type of Identification Produced)
MEMORANDUM

SUBJ: WORKERS’ COMPENSATION & LIABILITY INSURANCE CERTIFICATES

Information required for processing certificates of insurance

1. **Producer**: upper left corner of Accord 25 form must include the Insurance agency’s:

   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”
Attached is the bond form required of all contractors working in Hillsborough County. **Hillsborough County must receive the original signed & sealed bond.** Please insure your bonding company completes all lines correctly. Incorrect or faxed copies of the bond will not be accepted. The bond need not be provided until such time you are ready to be issued your license or registration.

1. **Upper Left:** “Bond For” must state what classification of contractor the bond covers (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 first blank space in Paragraph 1 must contain the **complete name** of the “Principal” (License Holder) if doing business as an individual, or the **license holder’s name and company name** if the contractor is qualifying a corporation or firm. If the contractor holds a state license, the name on this bond must read the same as the state license. **BONDS WITH ONLY COMPANY NAMES WILL NOT BE ACCEPTED.**

   **EXAMPLE**

   John Doe  
   (as an individual)  
   **Or**  
   John Doe/Smith & Miller, Inc. or John Doe d/b/a Smith & Miller, Inc.  
   (as a contractor qualifying a company)

   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.

3. Only one (1) corporation or firm name is permitted.
4. The second blank space in Paragraph 1 names the Surety Company providing the bonding.
5. The **first blank space** in Paragraph 2 must contain the name as indicated in Item 2 above.
6. The “Principal” (license holder) must sign the bond. The name of license holder must be printed/typed on the line above the signature line. The “**company**” is not the license holder.
7. All bonds are “**Continuous**” until cancelled. The Hillsborough County Licensing Team must receive all Notices of Cancellation no later than 15 days prior to the effective date of cancellation.
8. The Surety (bonding) Company is to notify, in writing, the Hillsborough County Code Compliance Team at (813) 635-7313 when any claim is made on any bond, whether paid on or not.
9. 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.

Please direct all correspondence/communication to:

**CONTRACTOR LICENSING TEAM**
601 E. Kennedy Boulevard, 19th Floor  
P.O. Box 1110  
Tampa, Florida 33601
Phone: (813) 635-7316 or 635-7313  
Fax: (813) 635-7367
HILLSBOROUGH COUNTY
CONTRACTOR’S CODE COMPLIANCE BOND

ALL INFORMATION IS TO BE TYPED OR CLEARLY PRINTED

BOND FOR ______________________ CONTRACTOR

(Type of License Held)

BOND NUMBER__________________________

INSURANCE AGENCY__________________________ PHONE NUMBER (_____)____________

KNOW ALL MEN BY THESE PRESENTS

That we, ____________________________________________ and

(License Holder’s Name if 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 Development Services Division, Construction Licensing Team. Cancellation must be received no less than 15 days prior to the cancellation effective date.

______________________________________  Surety____________________________________

Printed/Typed License Holder’s Name – not company name

______________________________________  By_______________________________________

License Holder’s Signature                                                                Attorney-in-Fact or Surety

(Affix Insurance Company Seal)