

**HERNANDO COUNTY BUILDING DIVISION
Contractor Licensing
789 Providence Blvd.
Brooksville, FL 34601
(352) 754-4050**

Tree Removal Contractor

The Hernando County Board of Construction & regulation has established criteria for obtaining a Certificate of Competency in Hernando County for Tree Removal Contractors as defined under Hernando County Ordinance 2015-11.

1. **A business financial statement** and a **business credit report** must be submitted by the contractors/subcontractors already in business for four consecutive years.

Credit reports must come from a nationally recognized agency and **must be mailed DIRECTLY** to **CONTRACTOR CERTIFICATION** from the credit bureau. It is the applicant's responsibility to request this report from the credit bureau.

2. **A personal credit report and personal financial statement** may be substituted by those applicants who have been conducting business as an individual (full Legal Name).
3. **A background check** will be done on all applicants.
4. **As an applicant** if your application is denied you may appeal, and appear before the Board of Construction & Regulation.
5. **If appearance before the Board of Construction & Regulation** is requested or required and your application is denied, **You must wait 6 months before reapplying.**

IF YOUR APPLICATION IS RECEIVED INCOMPLETE, YOU WILL BE NOTIFIED OF WHAT IS NEEDED TO COMPLETE IT. INCOMPLETE APPLICATIONS WILL NOT BE APPROVED. THERE WILL BE NO EXCEPTIONS.

There is a **non-refundable application/background check fee due** when you submit your application to this office. Contact the Building Division for current fees.

If your application is approved, there will be **an additional fee for the competency card**. This amount is **not due** until your application is approved. Contact the Building Division for current fees.

PLEASE BE ADVISED

APPLICATIONS ARE VALID FOR A PERIOD OF 180 DAYS

APPROVED APPLICATIONS ARE VALID FOR A PERIOD OF SIXTY DAYS.

APPLICATION FOR TREE CONTRACTOR

CHECKLIST

PLEASE NOTE: THAT THE FOLLOWING ITEMS MUST BE COMPLETED AT THE TIME YOU SUBMIT YOUR APPLICATION TO CONTRACTOR CERTIFICATION. THE APPLICATION WILL NOT BE PROCESSED UNTIL ALL ITEMS ARE COMPLETED.

ALL APPLICATIONS MUST BE TYPED OR PRINTED LEGIBLY

- ____(1) My Business and Personal Credit Reports from a recognized credit bureau. Must include statement that public records have been searched at county, state, and federal levels. Go to www.myfloridalicense.com/dbpr/pro/elboard/index for a list of acceptable agencies. (An applicant who is not currently licensed in any local jurisdiction will only be required to furnish a **personal credit report**.)
- ____(2) At least **two (2) notarized documents on the supplied forms** are being provided to Contractor Certification. These documents reflect my **active** experience, this experience totals a minimum of **five (5) years within the last eight (8)**. **One (1) year if taking test.**
- ____(3) The Business and Personal Financial Statement in the application is complete and notarized. **(Financial Statements must be completed in their entirety and must balance. Financial Statements that contain discrepancies or are incomplete can lead to denial of an application.)** For an applicant not currently duly licensed in any local jurisdiction, only a personal financial statement will be necessary.
- ____(4) The Employment section of application is completed.
- ____(5) Correct address, phone number and business name (if applicable) are on the application.
- ____(6) Copies of Business Tax Receipts (if applicable).
- ____(7) A copy of my Florida identification and/or Driver's License is attached.
- ____(8) The **non-refundable application/background check fee** is attached. Contact the Building Division for current fees.
- ____(9) List of last five (5) jobs.
- ____(10) Copies of Business Tax Receipts (if applicable)
- ____(11) Statement of Authority (if applicable).
- ____(12) Completed Choice Point Questionnaire (background).

You will be required to submit **proof of liability insurance, workmen's compensation and additional fee** to obtain your certificate if your application is approved.

ALL OF THESE ITEMS MUST BE ISSUED TO READ IN THE NAME WHICH APPEARS ON THE APPLICANTS REGISTRATION IF APPLICABLE, OR THE NAME WHICH APPEARS ON THE APPLICANTS NEW HERNANDO COUNTY CERTIFICATE OF COMPETENCY.

If you have any questions regarding this application you may contact us at (352) 754-4050.

FLORIDA STATUTE 837.06 – FALSE OFFICIAL STATEMENTS. Whomever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be **guilty** of a misdemeanor of the second degree.

I hereby certify that all the information herein contained is true and accurate including all documents attached. I have read and understand the necessary requirements to obtain a Hernando County Certificate of Competency. Hernando County Construction Licensing Ordinance, all related building codes, and **Florida State Statutes Chapter 489.**

(Please Print) Applicant's Name _____ Date

Applicants Signature

State of Florida

County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, _____

by _____, who is (____) personally

known to me, or who (____) has produced _____

as identification.

Notary Stamp

Signature of Notary

ALL INFORMATION MUST BE TYPED OR WRITTEN IN BLACK INK ONLY

Classification

Requested: _____

Mr. / Ms. _____
(Last) (First) (Initial)

(Home Address) (City) (State) (County) (Zip Code)

Phone #: _____
(Place of Birth) (Date of Birth)

Drivers License No: _____

FULL NAME OF BUSINESS: Name under which applicant will pull permits

(Business **MAILING** Address-Street & No.)

(City) (State) (County) (Zip Code)

(Business **PHYSICAL** Address-Street & No.)

(City) (State) (County) (Zip Code)

Phone #: _____ Fax # _____

Cell Phone # _____ E-Mail: _____

FINANCIAL INFORMATION REQUIRED

In order that the Building Division may carry out its duty to investigate the financial responsibility, credit and business reputation (if applicable) of a new applicant for certification, an applicant shall be required to submit the following information with his or her application for certification:

- (1) Credit reports from any nationally recognized credit bureau dated within four (4) months of application. The credit reports must be for the **applicant** and the **business entity** (if applicable).
- (2) A comprehensive financial statement reflecting the financial condition of the business entity in its **previous fiscal year**; provided, however, that the statement be prepared within twelve (12) months of the date of filing of the application. The financial statement shall include the following: **balance sheet; income statement; capital statement; and statement of changes in financial position**. Unless **prepared by a certified public accountant**, the financial statement **shall** be signed in the presence of a notary, by a responsible officer of the business entity for the period reflected in the statement.

Applicants qualifying a **business entity** shall submit, in addition to the business financial statement, a **personal financial statement**. If the applicant has **never** been licensed to act in the capacity of a contractor and if the applicant is **not** qualifying a business entity, the applicant shall prepare and submit a **personal financial statement** in lieu of the business financial statement.

FINANCIAL STATEMENTS FOUND TO BE INCOMPLETE OR INACCURATE MAY BE DEEMED AS GROUND FOR DENIAL OF APPLICATION.

- (3) As a prerequisite to issuance of a certificate, an applicant shall, in addition to the submissions required in paragraphs (1) and (2) above, submit **evidence acceptable** to Contractor Certification demonstrating the following:
 - (a) Demonstrating the required net worth listed below for the following categories of contractors.
 - General, Building, Residential contractors \$20,000.00
 - Sheet Metal, Roofing, Class A, Class B, Mechanical, Commercial Pool/Spa, Residential Pool/Spa, Plumbing, Underground Utility and Excavation, Electrical Unlimited, Alarm Systems I and II Solar \$10,000.00
 - Swimming Pool/Spa Service \$2,500.00
 - Specialty Contractors \$2,500.00
 - Tree Removal Contractor \$2,500.00

NET WORTH SHALL BE DEFINED TO REQUIRE A SHOWING FOR ALL CONTRACTOR CATEGORIES THAT THE APPLICANT HAS A MINIMUM OF 50% OF THE AMOUNT IN CASH. CASH SHALL BE DEFINED TO INCLUDE A LINE OF CREDIT.

(b) Bank statement (last 3 months) required for cash available.

Proof of Line of Credit.

Possession of either a letter of bondability, a letter of credit or a compliance bond established to reimburse the appropriate parties for diversion of funds, abandonment, and all other statutory violations, said instruments to be issued in the same license classification to dollar ratio listed in paragraph (a), above. **The aforementioned instruments are not to be construed as performance bonds.**

(4) A list of all contracts by the applicant or business organization underway at the time of filing, if any, along with a list of all contracts completed in the three (3) years immediately preceding the date of filing, or in the alternative, a list of the five most recent contracts performed in the applied for category, if any. This list shall include the description of each job, the dollar value of the job, location, owner, architect and/or engineer, and general contractor, if applicable.

(5) Letter of financial Responsibility: An original notarized letter from your bank, on bank letterhead, verifying the applicant's authority to sign checks on the business account or an original notarized letter from the C.F.O of the business stating the applicant has the authority to sign checks, payments,drafts, and contracts on behalf of the business.

FINANCIAL & LEGAL BACKGROUND

Each person listed in (I) below must answer each question-(Duplicate pages 8 & 9 as needed.)

Name/Title of Person Answering: _____

Name of Applicant applying for license: _____

- (a) Has any bonding or surety company ever completed or made a financial settlement **upon any construction contract of work** undertaken by any person named in (I) below or any organization in which any such person was a member of the personnel? () Yes () No

If so, attach a detailed statement including: (1) the name and address of the bonding or surety company, (2) the names and locations of jobs which were completed and the bonding or surety company made settlement on, (3) the amounts of the settlements and to whom paid.

- (b) Are there now any unpaid, past-due bills or claims for labor, materials, or service as a result of the construction operations of any person named in (I) below or an organization in which any such person was a member of the personnel? () Yes () No

If so, attach a detailed statement including the names and addresses of the creditors and the amounts owed. Any construction obligation shall be deemed to be past due beyond 90 days following the month in which the purchase was made. Any disputed, past-due bills must be acknowledged.

- (c) Are there now any liens, suits, or judgments of record pending as a result of construction operations of any person named in (I) below or any organization in which any such person was a member of the personnel as a result of the construction operation of such person or organization? () Yes () No

If so, attach a detailed statement including the names and addresses of the litigants in current litigation, the names and addresses of persons who have filed liens or who have recorded judgments, and the monetary sums involved.

- (d) Are there now any liens of record by the U.S. Internal Revenue Service or the State of Florida Corporate Tax Division against any person named in (I) below or any organization in which any such person was a member of the personnel? () Yes () No

If so, attach a detailed statement including lien claimants and amounts claimed.

- (e) Has any person named in (I) below or has any organization in which any such person was a member of the personnel ever been adjudicated as bankrupt within the last five years, or is any such person or organization presently in the process of bankruptcy proceedings?

Yes No

If so, attach bankruptcy papers.

- (f) Has any person named in (I) below or has any organization in which any such person was a member of the personnel ever made an assignment of assets in settlement of construction obligations for less than the total amount of the indebtedness?

Yes No

If so, attach a list of names and addresses of all creditors and losses thus sustained.

- (g) Has any person named in (I) below been convicted of acting in the capacity of a contractor without a license or if licensed as a contractor in this or any other state, has any disciplinary action (including probation, fine or reprimand) ever been taken against such license by a state, county, or municipality?

Yes No

If so, attach a detailed statement including the date of conviction or disciplinary action, whichever may be applicable.

- (h) Has any person named in (I) below 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?

Yes No

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 OF REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.

If “YES”, provide a certified copy of disposition for each offense.

Signature of Person Answering: _____

FLORIDA STATUTE 837.06 OFFICIAL STATEMENTS. Whomever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

APPLICANT – PLEASE PRINT

SIGNATURE OF APPLICANT

NAME OF COMPANY

SIGNATURE OF CORPORATE OFFICER
(Other than applicant, if applicant qualifying corporation)

State of Florida
County of _____

The foregoing instrument was acknowledged before me this ___ day of _____, _____ by
_____ who is (___) personally known to me, or who (___) has
produced _____ as identification.

Signature of Notary

Commission Number Seal

PERSONAL FINANCIAL STATEMENT

(Only for Individuals doing business as Individuals)

Applicant's Name: _____

<u>ASSETS</u>	<u>DOLLAR VALUE</u>	<u>LIABILITIES</u>	<u>DOLLAR VALUE</u>
Cash Available (checking, savings, other) Provide bank statements	\$ _____	Mortgage Balance (1 st residential)	\$ _____
Real Estate Value (residence)	\$ _____	Mortgage Balance (2 nd residential)	\$ _____
* Real Estate Value (other)	\$ _____	Mortgage Balance (other)	\$ _____
Stocks	\$ _____	Note(s) Payable (to banks)	\$ _____
Bonds	\$ _____	Note(s) Payable (to others)	\$ _____
Vehicle(s)	\$ _____	Vehicle Loan(s) Balance	\$ _____
	\$ _____		\$ _____
Personal Property (furniture, etc.)	\$ _____	Personal Loan(s) Balance	\$ _____
Debts Owed to You	\$ _____	Other Fixed Debts Owed	\$ _____
Other Property Owned by You	\$ _____		
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES	\$ _____
 TOTAL ASSETS	 \$ _____		
TOTAL LIABILITIES (-)	\$ _____		
 NET WORTH	 \$ _____		

This financial statement is true and correct to the best of my knowledge

Applicant's Signature

Print Applicants Name

State of Florida

County of _____

The foregoing instrument was acknowledged before me this ____ day

of _____, _____ by _____, who is

(__) personally known to me, or who has

produced(__) _____ as identification.

Signature of Notary Public

Notary Stamp

BUSINESS FINANCIAL STATEMENT

Business

Name: _____

<u>ASSETS</u>	<u>DOLLAR VALUE</u>	<u>LIABILITIES</u>	<u>DOLLAR VALUE</u>
Cash Available (checking,savings,other) Provide bank statements	\$ _____	Mortgage Balance (1 st residential)	\$ _____
Real Estate Value (residence)	\$ _____	Mortgage Balance (2 nd residence)	\$ _____
* Real Estate Value (other)	\$ _____	Mortgage Balance (other)	\$ _____
Stocks	\$ _____	Note(s) Payable (to banks)	\$ _____
Bonds	\$ _____	Note(s) Payable (to others)	\$ _____
Vehicle(s)	\$ _____	Vehicle Loan(s) Balance	\$ _____
	\$ _____		\$ _____
Personal Property (furniture,etc.)	\$ _____	Personal Loan(s) Balance	\$ _____
Debts Owed to You	\$ _____	Other Fixed Debts Owed	\$ _____
Other Property Owned by You	\$ _____		
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES	\$ _____
TOTAL ASSETS	\$ _____		
TOTAL LIABILITIES (-)	\$ _____		
NET WORTH	\$ _____		

This financial statement is true and correct to the best of my knowledge

Applicant's Signature

Print Applicants Name

State of Florida

County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, _____
by _____, who is (____) personally known to me, or
who has produced (____) _____ as identification.

Signature of Notary Public

Notary Stamp

NOTICE REGARDING CORPORATIONS

Upon the advice of the Attorney General, it is the policy of this agency not to issue a certificate of competency to a qualifying agent of a corporation unless it is qualified to do business in this State either as a domestic or a foreign corporation. To be qualified to do business in this State, a domestic or foreign corporation must be registered and in good standing with the Secretary of State of the State of Florida.

COMPLETE THE CERTIFICATE BELOW AND SUBMIT IT WITH YOUR APPLICATION

CERTIFICATE OF INCORPORATION

(Attach a Copy of Certificate of Incorporation Issued by Secretary of State of Florida)

On this ___ day of _____, _____, in _____, I certify under penalty of perjury that _____, being a domestic corporation with its main office in the County of _____, or a foreign corporation incorporated in the State of _____ (if applicable) on _____, _____, was registered with the Secretary of the State of Florida on the ___ day _____, _____; that the number assigned to this corporation is _____; that the name style as set forth on the application for this corporation is the same as that registered with the Secretary of State.

The Construction Industry Licensing Law Provides:

468.107(2) If the applicant is proposing to qualify a partnership, corporation, business trust, or other legality, the application shall state the name of the partnership and of its partners, or the name of the corporation and of its officers and directors, or the name of the business trust and its trustees, or the name of such other legal entity and its members, and furnish evidence of statutory compliance if a fictitious name is used.

Such application shall also show that the person applying for the examination is legally qualified to act for the business organization in all matters connected with its contracting business; and that he has authority to supervise construction undertaken by such business organization. The certification, when issued upon application of a business organization, shall be in the name of the qualifying agent and the name of the business organization shall be noted thereon.

At least one member or supervising employee of the business organization shall be duly licensed in Hernando County in order for the business to be qualified locally to engage in the category of the business for which the member or supervising employee is licensed. If any individual so qualified on behalf of such business organization ceases to be affiliated with such business organization, he shall inform the board's principle office as provided in Hernando County Licensing Ordinance. In addition, if such individual is the only qualified individual affiliated with the business organization, the business organization shall notify the board's principal office of the individual's termination and shall have a minimum of 60 days from the termination of the individual's affiliation with the business organization in which to obtain another qualifying person under the provisions of this part. The business organization shall not be authorized to contract until a qualifying individual is obtained.

The individual shall also inform the boards principle office in writing when he proposes to engage in contracting in his own name or in affiliation with another business organization; and he or such new business organization shall supply the same information to the board as required for applicants under this part.

REQUIRED INFORMATION CONCERNING BUSINESS ORGANIZATIONS

(Please attach a copy of your compliance with the Fictitious Name Law when applicable)

Fictitious Name Law 865.09 Statute, in Part:

It shall be unlawful for any person or persons, as defined herein, to engage in business under a fictitious name unless said fictitious name shall be registered with The Florida Department of State Division of Corporation. An application for registration may be obtained by contacting the division of Corporation:

**Fictitious Name Registration
Post Office Box 1300
Tallahassee, Florida 32302-1300
Phone Number (850) 488-9000**

A person may not act in a qualifying capacity on behalf of more than one firm except under certain specific conditions.

1. Is the person who is to qualify _____ legally qualified to act for the business organization in all matters connected with its contracting business?
() Yes () No

2. Is the person who is to qualify the business organization mentioned above, presently qualifying or attempting to qualify another business organization?
() Yes () No

If so, give name of the business organization(s) that is qualified or is to be qualified by the applicant. _____

3. Will there be any ownership by the applicant of the business organization named in question 1 above: **(If so, give details by attachment.)**
() Yes () No

4. Will there be any ownership by the applicant of the business organization named in question 2 above: **(If so, give details by attachment.)**
() Yes () No

5. Is the business organization a subsidiary of, or a joint venture with, any firm named in answer to question 2 above? **(If so, give details by attachment.)**
() Yes () No

6. If qualifying a corporation, a list of all major stock holders will be required on a separate sheet of paper. (10% or more of outstanding stock).

FLORIDA STATUTE 837.06 – FALSE OFFICIAL STATEMENTS. Whomever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

We certify that all information herein contained is true and accurate including all statements attached.

Signed _____ Title _____
Person Authorized to Sign

Signed _____ Title _____
Individual Qualifying Organization

State of Florida

County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, _____,

by _____ who is () personally known to me, or who

has produced _____ as

identification.

Signature of Notary Public

Notary Stamp

EXPERIENCE RECORD (duplicate as necessary)

NOTE: START WITH MOST RECENT EMPLOYMENT FOR THE PAST 5 YEARS.

Employer: _____ Phone _____

Address: _____ City: _____ State _____

Employment Dates: From _____ To _____

Position of Applicant: _____

Description of Duties: _____

Employer: _____ Phone _____

Address: _____ City: _____ State _____

Employment Dates: From _____ To _____

Position of Applicant: _____

Description of Duties: _____

Employer: _____ Phone _____

Address: _____ City: _____ State _____

Employment Dates: From _____ To _____

Position of Applicant: _____

Description of Duties: _____

Print Name

Signature

State of Florida

County of _____

Subscribed and sworn to me this _____ day of _____, _____ by
_____ who(____)is personally known to me, or who has
produced _____ as identification.

Signature of Notary

Notary Stamp

Mail To: Hernando County Building Division
789 Providence Blvd.
Brooksville, FL 34601

Print Name

Signature

State of Florida

County of _____

Subscribed and sworn to me this _____ day of _____, _____ by
_____ who(____)is personally known to me, or who has
produced _____ as identification.

Signature of Notary

Notary Stamp

Mail To: Hernando County Building Division
789 Providence Blvd.
Brooksville, FL 34601

Applicant Job List (Duplicate as necessary)

List five jobs for **each** of the years you are qualifying (e.g. 3 yrs management, 4 yrs. supervisory, or 4 yrs trade, with dates that concur with documented employment).

1. Contractor name _____ Phone # _____
Job Location Address _____
Approximate Value of Job \$ _____
Type of work (commercial or residential) _____
2. Contractor Name _____
Job Location Address _____
Approximate Value of Job \$ _____
Type of work (commercial or residential) _____
3. Contractor Name _____ Phone # _____
Job Location Address _____
Approximate Value of Job \$ _____
Type of work (commercial or residential) _____
4. Contractor Name _____ Phone # _____
Job Location Address _____
Approximate Value of Job \$ _____
Type of work (commercial or residential) _____
5. Contractor Name _____ Phone # _____
Job Location Address _____
Approximate Value of Job \$ _____
Type of work (commercial or residential) _____