



Environmental Protection and Growth Management Department

BUILDING CODE SERVICES DIVISION

1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-4400 • broward.org/building

Engineering ▪ Mechanical ▪ Electrical ▪ Plumbing ▪ Specialty Plumbing and Liquefied Petroleum Gas (LPG) Trades Contractor

Certificate of Competency Application Information and Instructions

You must submit your application package in the following order:

- 1) Fully completed application, 2) Affidavits, 3) Credit references, 4) Credit report, 5) Corporate documents

IN ORDER TO APPLY, YOU MUST HAVE THE FOLLOWING PRACTICAL CONSTRUCTION EXPERIENCE:

Electrical and Specialty Electrical Contractor	7 years
Engineered Construction Contractor	10 years

Specialty Engineered Trades

→ Underground Utility and Excavation	6 years
→ Secondary Utility and Excavation	4 years
→ Jack and Bore Installer	4 years
→ Pipeline Rehabilitation	4 years
→ Directional Drilling	4 years
→ Pipe Bursting	4 years
→ Plant Construction	6 years
→ Fuel Transmission and Distribution Lines	6 years
→ Underground and Aerial Utility Transmission and Distribution Lines	4 years
→ Feeder Distribution Interface (FDI Telephone Boxes) Installer	3 years
→ Cable Television (for pre-wiring buildings, apply with Electrical Board)	3 years
→ Heavy Marine	6 years
→ Bridges, Overpasses, Underpasses	4 years
→ Light Marine	4 years
→ Pile Driving	4 years
→ Major Roads	6 years
→ Minor Roads	4 years
→ Concrete Driveways, Curbs, Gutters, Driveway Entrances and Sidewalks	4 years
→ Sealcoating	1 year
→ Striping, Marking and Signage of Roadways (including pavements)	3 years
→ Excavating	4 years
→ Clearing and Grading	3 years
→ Dredging	3 years

Liquefied Petroleum Gas Contractor	Reciprocity only
---	-------------------------

Plumbing and Specialty Plumbing Contractors

→ Master Plumber	7 years
→ Irrigation Specialty Contractor	4 years

Mechanical and Specialty Mechanical Contractors

→ Mechanical Contractor	6 years
→ Class A Air Conditioning	6 years
→ Sheet Metal	6 years
→ Insulation	3 years
→ Test and Balance – Class A Unlimited*	4 years
<small>*Must have held a Class A Air Conditioning license for 3 years and have AABC or NEEB certification</small>	
→ Central Vac System	3 years
→ Pneumatic Control	3 years
→ Class B Air Conditioning*	3 years
<small>*Limited to 25 tons</small>	
→ Test and Balance – Class B Limited*	3 years
<small>*Limited to 25 tons; must have held a Class B Air Conditioning license for 3 years and have AABC or NEEB certification</small>	
→ Transport Assembly	3 years

Proof of Experience

Submit the affidavit provided on page 10 or provide a letter (*on business letterhead*) from your employer, including:

- Dates you were employed
- Type of work you performed
- License number of the person signing the documents (*must be notarized*)
- W2 forms to substantiate each affidavit
 - ▶ If you are **self-employed**, you must include:
 - Copies of your incorporation papers
 - Copies of your occupational license(s)
 - Copies of any license(s) you may have had
 - Any other documents to support your status as self-employed
 - ▶ If you have **out-of-state** experience, you must include:
 - A notarized letter from a licensed architect or engineer from that state*
*does not apply to electrical and plumbing
 - ▶ If you are applying for **reciprocity**, you must include:
 - A letter of reciprocity from the county where you took your exam; the letter must arrive via the mail or be submitted with a seal. The scope of work must be equal to Broward County's requirements.

You may receive a "Notice to Appear" at an upcoming scheduled Board meeting.

All letters and affidavits must be notarized

Character Letters

Please provide the name and address of **at least one** local resident who can attest to your character and reputation. **Letter(s) must be notarized**

Credit References

Please provide three credit references; at least one reference must be from a local financial institution, such as a bank.

Personal Credit Report

Please provide an individual credit report, **no more than six months old**. The report must come from a nationally recognized credit bureau.

Business Credit Report

If you are qualifying a corporation or partnership, a company credit report is also required.

Corporate Financial Statement

If you already have an active corporation, please provide a comprehensive financial statement, notarized by your accountant. The statement should be no more than 180 days old. If over 90 days old, it needs to be accompanied by a notarized affidavit stating that no material change has occurred since its preparation and that it substantially represents your current financial condition and the business organization.

Fictitious Corporate Name

If the firm is not incorporated but is operating under a **trade name** – other than your proper name – the company must conform to Florida Statute §865.09 and must be properly registered with the Florida Division of Corporations.

Certificates of Insurance

After you have passed your exam, you will be required to submit certificates of insurance. Reciprocity applicants will be required to submit insurance at the time of application. The minimum liability insurance amounts are:

- Bodily Injury **\$300,000**
- Property Damage* **\$50,000**
**for any one accident, including damage to rights-of-way and/or shrubbery*

Worker's Compensation Insurance

In addition to the certificates of insurance listed above, you will need to submit proof of worker's compensation insurance **or** a waiver stating exemption from Florida's Workers Compensation law.

Each certificate must list as a certificate holder:



*Broward County Building Code Services Division
1 North University Drive, Mailbox 302
Plantation, Florida 33324*

All Certificates must provide at least 30 days advance notice of cancellation

Photographs

You must include two passport-sized photos of yourself taken within the last three months and also a clear copy of a valid driver's license or other government issued ID.

Processing Fees

- Electrical & Specialty Electrical Contractors..... **\$300**
- Engineered Construction Contractors **\$430**
- Specialty Engineered Construction Contractors..... **\$315**
- Liquefied Petroleum Gas (LPG) Contractors..... **\$250**
- Plumbing & Specialty Plumbing Contractors..... **\$250**
- Mechanical & Specialty Mechanical Contractors **\$275**

Please make checks payable to: Broward County Board of County Commissioners

All fees are non-refundable

Notification

After the Board reviews your application, you will be advised of their decision by letter.

Testing

Once approved, your contact information will be sent to Gainesville Independent Testing Service, LLC (GITS). They will contact you to schedule your exams.

Applicants are required to pass with a minimum passing score of **75%** (*also applies to reciprocity applicants*)

Answer all questions in full, **please type or print clearly** with sufficient detail to determine if you are qualified to take the examination. If not applicable indicate N/A. Attach additional sheets if necessary.



Environmental Protection and Growth Management Department

BUILDING CODE SERVICES DIVISION

1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-4400 • broward.org/broward

ATTACH
TWO
1 1/2" x 1 1/2"
PHOTOS
HERE

Engineering ▪ Mechanical ▪ Electrical ▪ Plumbing ▪ Specialty Plumbing and Liquefied Petroleum Gas (LPG) Trades Contractor

Application for Certificate of Competency

- New License License by Reciprocity

Contractor Classification

ELECTRICAL & SPECIALTY ELECTRICAL CONTRACTORS

- Alarm System Contractor I Limited Energy Systems Contractor
 Alarm System Contractor II Master Electrician

ENGINEERED CONSTRUCTION CONTRACTOR

- General Engineered Construction Builder

SPECIALTY ENGINEERED CONSTRUCTION CONTRACTOR

Category 1A: Specialty Engineered Utility System

- 1A-A Underground Utility and Excavation 1A-B Secondary Utility and Excavation
 1A-C Jack and Bore Installer 1A-D Pipeline Rehabilitation
 1A-E Directional Drilling 1A-F Pipe Bursting

Category 1B: Specialty Engineered Structural

- 1B Plant Construction

Category 1C: Engineered Specialty Transmission and Distribution

- 1C-A Fuel Transmission and Distribution Lines 1C-B Underground and Aerial Utility Transmission and Distribution Lines
 1C-C Feeder Distribution Interface (FDI Telephone Boxes) Installer 1C-D Cable Television (for pre-wiring buildings apply with Electrical Board)

Category 2: Specialty Engineered Structural

- 2A Heavy Marine 2B Bridges, Overpasses, Underpasses
 2C Light Marine 2D Pile Driving

Category 3: Specialty Engineered Roads and Surfacing

- 3A Major Roads 3B Minor Roads
 3C Concrete Driveways, Curbs, Gutters, Driveway Entrances and Sidewalks 3D Sealcoating
 3E Striping, Marking and Signage of Roadways, including pavements

Category 4: Specialty Engineered Earthwork

- 4A Excavating 4B Clearing and Grading
 4C Dredging

LIQUEFIED PETROLEUM GAS CONTRACTORS ▪ RECIPROCITY ONLY

- LPG Contractor – State License I #601 LPG Service & Installation – State C #408 or A #0803

PLUMBING & SPECIALTY PLUMBING CONTRACTORS

- Master Plumber Irrigation Specialty Contractor

MECHANICAL & SPECIALTY MECHANICAL CONTRACTORS

- Mechanical Contractor Pneumatic Control
 Insulation Sheet Metal
 Class A Air Conditioning Class B Air Conditioning Limited to 25 Tons
 Test & Balance – Class A Unlimited Test & Balance – Class B Limited
 Central Vac System Transport Assembly



Notice of Collection of Social Security Numbers for Government Purposes

Under the Federal Privacy Act, disclosure of social security numbers is voluntary unless specifically required by federal statute. In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 409.2577 and 409.2598, Florida Statutes, to allow efficient screening of applicants and licenses by a Title IV-D child support agency to assure compliance with child support obligations. Social security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act).

Personal Information					
Last Name		First Name		Middle Initial	Suffix
Home Address		City		State	Zip
Home Phone		Mobile Phone			
Email					
Place of Birth		Date of Birth		Social Security Number	
Height	Weight	Hair Color		Eye Color	
Business Organization Information					
I am qualifying as a: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation					
Business Name					
Business Address		City		State	Zip
Business Phone		Business Mobile Phone		Business FAX	
Email					
Have you ever:					
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>	Been convicted, adjudication withheld, and/or you plead nolo contendere (no contest) to a felony or first degree misdemeanor, including but not limited to the following crimes, dishonesty, fraud, deceit, or lack of integrity in the operation or conduct of the applicant's business, occupation, or trade. Please provide official disposition documents from the court of law for any adjudication, conviction, withheld adjudication or nolo contendere.			
Date	Location	Charges	Disposition		
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>	Contracted or done work outside the scope of operation, as set out in the definition of the particular type of contractor for which you are qualifying?			
<input type="checkbox"/>	<input type="checkbox"/>	Abandoned without legal excuse, a construction project or in which you were engaged or under contract as a contractor or subcontractor?			
<input type="checkbox"/>	<input type="checkbox"/>	Diverted Funds or property received for execution or completion of specific construction project or operation, or for a specific purpose, to any other use whatsoever?			
<input type="checkbox"/>	<input type="checkbox"/>	Departed from or disregarded in any material respect, the plans of the owner or his duly authorized representative?			
<input type="checkbox"/>	<input type="checkbox"/>	Disregarded or violated in the performance of your contracting business, any of the building, safety, health insurance, or workmen's compensation laws of the State of Florida, or the regulations of Broward County?			

Yes No

- Misrepresented any material fact in your application and supporting papers in obtaining a license?
- Failed to fulfill your contractual obligation through inability to pay all creditors for material furnished, work or services performed, in the operation of your business for which you are licensed?
- Aided or abetted an unlicensed person to evade the licensing requirements of Broward County, or allowed your license to be used by an unlicensed person or acted as an agent, partner, or associate of an unlicensed person with the intent to evade the licensing requirements of Broward County?
- Been guilty of any fraudulent act as a contractor or sub-contractor, by which another is substantially injured?
- Filed bankruptcy in business?

If you answered yes to any of the above questions, please explain on a separate sheet of paper

Employment History

List your record of employment, **beginning with your most recent employer**, to demonstrate your practical and required experience in the construction field. Include any and all businesses that you have owned, operated, managed or you have had an active part in. Please explain any gaps in employment on a separate sheet. If your employment history exceeds the space provided, please provide on an additional sheet and attach to this application.

Employer 1

Date Hired		End Date	
Business Name			
Business Address		City	State Zip
Business Phone		Business Mobile Phone	
Business Email			
Last Position Held			
Reason for Leaving			
Specify Type of Work			

Employer 2

Date Hired		End Date	
Business Name			
Business Address		City	State Zip
Business Phone		Business Mobile Phone	
Business Email			
Last Position Held			
Reason for Leaving			
Specify Type of Work			

Education History**College**

Name			
Address		City	State Zip
Degree			

Trade School

Name			
Address		City	State Zip
Degree/Certification			

High School					
Name					
Address			City		State Zip
Degree					
Certificates of Competency					
Certificate Type	Certificate Number	Date Issued	Date Expires	Place Issued	By Exam
					<input type="checkbox"/> Yes <input type="checkbox"/> No*
					<input type="checkbox"/> Yes <input type="checkbox"/> No*
					<input type="checkbox"/> Yes <input type="checkbox"/> No*
*If not issued by exam, please explain:					

Are you aware that all answers made on this application constitute a sworn statement by you? Yes No

I certify that the above information and any attachments to this application are true and correct under penalty of law. I further understand that the Broward County Building Code Services Division may deny this application based on my history, failure to disclose information, and/or information that is false or misleading.

Applicant's Signature

Date

NOTARY PUBLIC

State of Florida)
) SS
County of)

The foregoing instrument was acknowledged before me this ____ day of _____, 20__, by _____ who is personally known to me, or who has produced _____ as identification, and who did take an oath.

(Seal)

Notary Public in and for the State of Florida

Affidavit of Experience

Provided by: Employer Self Employed Employer No Longer in Business

This is to certify that:

Is/was employed by

Business Address

City

State

Zip

From

To

Total Length of Time

The specific type of work performed consisted of the following:

Remarks (if any)

I am the qualifier for the above mentioned firm or corporation and hold a current Certificate of Competency

Card Number

Issued By

Type of Contractor

Contact Phone Number

Contractor Name

By signing this affidavit, I understand that if I am found to be providing false statements related to the applicant's experience and competency, then as a contractor licensed by Broward County I face penalties up to and including licenses suspension and revocation. If I am licensed by another county, state, or professional agency other than Broward County, then I understand a letter from the Contracting Licensing Board for the General Construction and Specialty Trades will be sent to my licensing authority making them aware of any false or misleading statements I may have made in this affidavit.

Contractor's Signature

Date

NOTARY PUBLIC

State of Florida)
) SS
County of)

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____

who is personally known to me, or who has produced _____

as identification, and who did take an oath.

(Seal)

Notary Public in and for the State of Florida