

HERNANDO COUNTY CONTRACTORS LICENSING RECIPROCITY APPLICATION CHECKLIST

NAME OF APPLICANT: _____

D/B/A: _____

TYPE OF LICENSE APPLIED FOR: _____

Reciprocity may be granted to contractors who have been licensed in another jurisdiction within the State of Florida and meet the minimum certification requirements set forth in Hernando County Ordinance 2002-21. Approved contractors may be issued a certificate of competency for the trade being applied for, which is equal to, in all respects, certificates issued in accordance with Hernando County Code of Ordinance. To be considered for reciprocity, the applicant shall submit the following:

1. **A Letter of Reciprocity** from the jurisdiction responsible for initial licensing. Letter of reciprocity shall include length of licensure, test score results from a proctored Florida testing firm with a minimum test score of 75 % percent on both the trade exam and the business and law exam, complaint background, current status of license, and a statement that the license has not been suspended or revoked within four (4) years prior to the application for reciprocity.
Your letter of reciprocity must show you have four (4) years' minimum experience. If your letter shows you have had a license for at least four (4) years, you qualify. If your letter states you were required to show four (4) years to get your license, you qualify. If your letter demonstrates a combination of either equaling four (4) years, you qualify.
2. Remittance of **non-refundable** application/background check fee. Contact Department for current fee.
3. Proof of compliance with workers' compensation law.
4. Proof of liability insurance with Hernando County as the certificate holder to be submitted within thirty (30) days of license approval.
5. Completed application form for reciprocity.
6. Completed First Advantage Questionnaire. (**This will be used to request criminal background search**)
7. Copy of State License if applicable.
8. One copy of a valid driver's license or valid identification card.
9. Upon approval of application, remittance of the applicable license fee. Contact the department for current fees.
10. Copy of Articles of Incorporation with all officers listed if applicable.
11. Copy of Articles in Organization with all directors listed if applicable.

Reciprocity may be denied to an applicant if any provision of this section is not complied with, or the applicant fails to meet the minimum certification requirements for the license being applied for.

If appearance before the Board of Construction & Regulation is requested or required and your application is denied, you must wait 6 months before reapplying.

PLEASE TYPE OR PRINT LEGIBLY

DATE: ____ / ____ / ____ Driver's License: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ PHONE NUMBER: (_____) _____

BUSINESS NAME

BUSINESS ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: (_____) _____ CELL/TOLL FREE: _____

FAX: (_____) _____ E-MAIL: _____

PLEASE BE ADVISED:

APPLICATIONS ARE VALID FOR A PERIOD OF 180 DAYS.

APPROVED APPLICATIONS ARE VALID FOR A PERIOD OF SIXTY DAYS.

APPLICANT TO CONDUCT BUSINESS AS:

INDIVIDUAL _____ CO-PARTNERSHIP _____

CORPORATION _____ OTHER _____

IF OTHER, PLEASE SPECIFY: _____

ARE THERE ANY OTHER QUALIFYING AGENTS OF THIS CORPORATION? Yes No

IF SO WHOM _____

PRIMARY OR SECONDARY

IF CONDUCTING BUSINESS IN ANY FORM OTHER THAN AN INDIVIDUAL, HOW LONG
HAVE YOU BEEN THE QUALIFYING AGENT FOR THE ABOVE NAME ENTITY? _____

PLEASE NOTE THE COMPANY NAME APPEARING ON THE
LICENSE MUST BE USED ON ALL PERMIT APPLICATIONS

***HAVE YOU THE APPLICANT 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 Statues, or applicable law of another state, you are responsible for verifying the expunging 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 OR CONTACT THE DEPARTMENT.

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

FLORIDA STATUE 837.06 - FALSE OFFICIAL STATEMENTS. Whoever 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.

I HEREBY CONFIRM THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of License Holder

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, _____, by _____.

Personally Known OR Produced Identification

Signature of Notary Public

Type of Identification Produced

(Notary Seal)

STATEMENT OF AUTHORITY TO ACT FOR THE BUSINESS ORGANIZATION

Statement of Authority

In making application to qualify a company, corporation, partnership, limited partnership, individual, or any type of business entity, I understand that I, as qualifying agent, am completely responsible for the action of said business entity as they relate to its construction business.

Further, I understand that the Hernando County Development Departments holds the qualifying agent responsible for supervision of job sites as well as all financial aspects of the entity's construction business including, but not limited to payment to subcontractors, payment to suppliers, payment of applicable federal and state taxes.

- Required Signatures:**
- 1. If an Individual, the applicant**
 - 2. If a partnership, the applicant, and the partner.**
 - 3. If a corporation, the applicant, and the officers of the corporation.**

APPLICANT SIGNATURE:

PARTNER/CORPORATE OFFICERS:

Name

Title

Name

Title

State of _____ County of _____

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, _____, by _____.

Personally Known OR Produced Identification

Type of Identification Produced

Signature of Notary Public

(Notary Seal)