



The Committees meet the first Tuesday and Wednesday of each month.

The next committee meeting is

Your application should be submitted not later than _____

TO: APPLICANTS FOR CHANGE OF STATUS

IF YOU PLAN TO QUALIFY AS A COMPANY OR CORPORATION, THE ATTACHED CHANGE OF STATUS APPLICATION MUST BE COMPLETED, NOTARIZED AND SUBMITTED. IT MUST INCLUDE THE FOLLOWING:

CORPORATION OR LLC

- a. Copy of certificate of incorporation or letter of acknowledgement from Florida Secretary of State. Item 11 (3)
- b. List of stockholders holding 10% or more of stock, with the names, addresses, and percentages held (other than a public corporation).
- c. List of all officers and directors of the corporation, including names, addresses and titles.
- d. Acceptance and Appointment of qualifier (Attachment B) to be completed, signed and notarized.

(A corporation would not require a fictitious name registration unless it is a corporation doing business in another company name e. g. Universal Plumbing, Inc. d/b/a Discount Plumbing Services).

COMPANY

If you plan to qualify a company or business entity in any name other than your own, you must attach a fictitious name registration.

- e. g. Robert Jones is qualifying Jones Plumbing Co.
(This would be a fictitious name).
- e. g. Robert Jones is qualifying Robert Jones Plumbing Co.
(This would not be a fictitious name).

ALL BUSINESS ENTITIES

You may be required to meet personally with the examining committee. **All applicants must answer the following questions on a separate sheet of paper.** Applicants seeking to allow a business to operate by virtue of their competency licenses must demonstrate the ability to actively control the construction-related activities of all businesses so qualified.

- 1. Why are you seeking to qualify this business?
- 2. Have you read and do you understand the requirements of Chapter 75-489, Laws of Florida, and particularly Section 24?
- 3. What is your job title in the business?
- 4. What is your supervisory responsibility?
- 5. What is your ownership interest?
- 6. If you do not own the firm, are you paid a salary or wage as an employee? If not, how are you compensated?
- 7. Do you have the authority to hire and fire employees and sub-contractors?
- 8. Do you have ready access to the firm's financial records?
- 9. Do you have access to or authority to approve all contracts written?
- 10. Do you have authority to order materials for construction work?
- 11. How many hours per week do you anticipate working with the business?
- 12. If you qualify more than one, are the two firms related? Do they share a common facility or personnel?

CREDIT REPORT

Credit reports on both the business and the qualifier must be submitted directly from the credit reporting agency to the Board, and must include a public records check for Pinellas County. Applications will not be accepted unless the credit reports have been received or a receipt proving they have been ordered is included with the application.



**Pinellas
County
Construction
Licensing
Board**

12600 Belcher Rd., Suite 102, Largo, Florida 33773

NOTE: Please type or print in ink

Your License No. _____

CHANGE OF STATUS APPLICATION

1. _____ 2. Social Security No. _____
(Last) (Full Name of Individual) (First) (Middle)

(The PCCLB collects your social security number for the following purposes: classification of accounts; identification and verification; credit worthiness; billing and payments; data collection, reconciliation, tracking, benefit processing, and tax reporting. Social security numbers are also used as a unique numeric identifier and may be used for research purposes).

3. _____
Individual's Address (Street & Number) City State County Zip Code

4. Telephone _____
Area Code Date of Birth

5. _____
FULL NAME OF BUSINESS WHICH IS NO LONGER QUALIFIED Business Phone Area Code

6. _____
Business Address (Street & number) City State County Zip Code

7. _____
FULL NAME OF BUSINESS WHICH IS TO BE QUALIFIED Business Phone Area Code

8. _____
Business Address (Street & Number) City State County Zip Code

9. License No. of any CURRENT OR PREVIOUS Contractor's Registration or Certification held by applicant.

License No. License No. License No. License No.

10. INDICATE NATURE OF REQUEST:

- To qualify an additional company or corporation (\$100.00)
- Change of company or corporation (\$100.00)
- Change company to individual (No charge)
- Qualify one company or corporation (\$100.00)
- Active license to inactive
- Inactive license to active (\$100.00)
- Reinstatement (Varies by Circumstances)

11. BEFORE YOU MAIL YOUR APPLICATION, PLEASE CHECK THE FOLLOWING:

- 1. Return current wallet license.
- 2. **ATTACHMENT A.** Required Information Concerning Business Organizations. Are signatures in the correct place? If fictitious name is issued, is a copy of your compliance attached to this form?
If Company is not incorporated, then Proof of Compliance with Fictitious Name Law may be required. (See Fictitious Name Law)
- 3. **ATTACHMENT A.** Notice Regarding Corporations. Is copy of certificate of incorporation or LETTER OF ACKNOWLEDGEMENT from Florida's Sec. of State attached? Enclose a list of stock holders holding over 10% of stock (other than public corporation).

12. FICTITIOUS NAME LAW 865.09 STATUTE IN PART:

It shall be unlawful for any person or persons to engage in business under a fictitious name unless said fictitious name shall be registered with the Division of Corporations, Florida Department of State. Said registration may not be made until the person or persons desiring to engage in business under a fictitious name shall have advertised his or their intention to register said fictitious name at least once in a newspaper as defined by law in the county where the principle place of business is located.

13. If qualifying a corporation, a list of all major stockholders, officers and directors is required on a separate sheet of paper (all stock- holders holding 10% or more of the outstanding stock).

This Original Application must be returned.

14. FINANCIAL RESPONSIBILITY

- (a) Has any bonding or surety company ever completed or made a financial settlement upon any construction contract of work undertaken by you or any organization in which you were the qualifier or principal? Yes No
If so, attach a detailed statement including the name and address of the bonding or surety company, the names and locations of jobs which were completed by the bonding or surety company or on which settlements were made, the amounts of the settlements and to whom paid.
- (b) Are there now any liens, suits, or judgments of record or pending as a result of your construction operations or those of this firm?
Yes No
- (c) Are there now any liens of record by the U.S. Internal Revenue Service or the State of Florida Corporate Tax Division against you or this firm? Yes No
If so, attach a detailed statement including lien claimants and the amounts claimed.
- (d) Have you ever been convicted of any offense in this state, or elsewhere, other than traffic violations? Yes No
If so, attach a detailed statement including the crime for which there was a conviction, the approximate date, the location, the sentence served, if any, and parole, if any.
- (e) Has a credit report been provided or ordered for both you and the business organization? Yes No

AFFIDAVIT

The undersigned hereby makes application for certification under the provisions of Chapter 75-489, Laws of Florida, and vouches for the truth and accuracy of all statements and answers herein contained.

The undersigned hereby certifies that he is legally qualified to act on behalf of the business organizations sought to be certified in all matters connected with its contracting business and that he has full authority to supervise construction undertaken by himself or such business or organization and that he will continue during this certification to be able to so bind said business organization. If, at any time during this certification, he ceases to be able to so bind or act for this business organization he will immediately notify the Board in writing. The qualifier/license holder understands that in all contracting matters, he/she will be held strictly accountable for any and all activities involving his/her license.

Any willful falsification of any information contained on this application or attached forms are grounds for disqualification.

STATE OF FLORIDA
 COUNTY _____
 The foregoing instrument was acknowledged before me
 this ____ day of _____ 20 ____ by

 (name of person taking acknowledgment)

 (Signature of Notary Public - State of Florida)

 (Print, Type, or Stamp Commissioned Name of Notary Public)
 Personally Known __ **OR** Produced Identification
 Type of Identification Produced _____

- If a proprietorship, the Applicant shall sign.
- If a Corporation, the Applicant, the President, the Vice-President, and Secretary shall sign.
- If a Partnership, the applicant and each partner shall sign.
- If a joint venture or other entity, signatures of those individuals who customarily bind that entity are required.

Applicant's Signature	Applicant	Address (P. O. Box Not Acceptable)
Signature of Partner or Corporate Officer	Title	Address (P. O. Box Not Acceptable)
Signature of Partner or Corporate Officer	Title	Address (P. O. Box Not Acceptable)
Signature of Partner or Corporate Officer	Title	Address (P. O. Box Not Acceptable)

THIS FORM MUST BE NOTARIZED

This form shall be completed by any person applying to conduct business in other than his individual capacity. If you are applying as an individual, you need not complete this form. **Answer all questions.**

Chapter 75-489, Statute of Florida provides:

Section 18 Business Organizations; qualifying agents.

(1) If an individual proposes to engage in contracting in his own name, registration or certification may be issued only to that individual.

(2) If the applicant proposes to engage in contracting as a partnership, corporation, business trust, or other legal entity, the applicant shall apply through a qualifying agent; the application shall state the name of the partnership and of its partners, the name of the corporation and of its officers and directors, the name of the business trust and its trustees, or the name of such other legal entity and its members; and the applicant shall furnish evidence of statutory compliance if a fictitious name is used. Such application shall also show that the qualifying agent 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 registration or 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.

(3)(a) The qualifying agent shall be certified or registered under this act in order for the business organization to be certified or registered in the category of the business conducted for which the qualifying agent is certified or registered. If any qualifying agent ceases to be affiliated with such business organization, he/she shall so inform the Board. In addition, if such qualifying agent is the only certified or registered individual affiliated with the business organization, the business organization shall notify the Board of the termination of the qualifying agent and shall have a minimum of 60 days from the termination of the qualifying agent's affiliation with the business organization in which to employ another qualifying agent. The business organization may not engage in contracting until a qualifying agent is employed.

(b) The qualifying agent shall inform the Board in writing when he/she proposes to engage in contracting in his/her name or in affiliation with another business organization, and he/she or such new business organization shall supply the same information to the Board as required of applicants under this act

1. BUSINESS ORGANIZATION

Exact Name of
Business Organization,

Organization is a (*check one*)

Partnership Corporation Proprietorship Other (*specify*):

Federal Employer
Identification (FEIN) No.:

If none, attach explanation
or proof of application.

2. STATEMENT OF AUTHORITY TO ACT FOR THE BUSINESS ORGANIZATION

Any person applying to be issued a certificate or registration to engage in contacting in other than his individual capacity, or any registrant or certificate holder applying to qualify a partnership, corporation, business trust or other legal business entity shall furnish the Board a notarized statement that he 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. **(See Attachment B)**

3. Is the applicant who is to qualify the business organization in 1 presently qualifying or attempting to qualify another contracting business organization? If yes, give details: Yes No

4. Will there be any ownership by the applicant of the business organization named in 1 above? If yes, give details: Yes No

5. CORPORATE INFORMATION (If you are not applying to conduct business as a corporation, skip this section and go to Section 6 below)

Upon the advice of the Attorney General, it is the policy of this Board not to issue a contractor's certification to 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.

Name of Corporation or LLC

Corporate I. D. No. or Charter No.

State of Incorporation Date registered with the Florida Secretary of State

YOU MUST ATTACH BOTH

- (A) A copy of certificate of incorporation in the State of Florida or a letter of acknowledgement of authority issued by the Secretary of State of the state of Florida.
- (B) A list of all persons holding 10% or more of the outstanding stock of the corporation.

6. FICTITIOUS NAME STATUTE

If the business organization is or will be operating under a fictitious name as defined in Chapter 865.09 F.S. (See Reverse), you must attach evidence of proof of your compliance.

7. AFFIDAVIT

The undersigned hereby certifies that the information supplied herein and on all attachments is true and correct.

STATE OF FLORIDA
COUNTY OF

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

(name of person taking acknowledgment)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification

Type of Identification Produced _____

- If a Proprietorship, the Applicant shall sign.
- If a Corporation, the Applicant, the President, the Vice-President, and secretary shall sign
- If a Partnership, the applicant and each partner shall sign.
- If a joint venture or other entity, signatures of those individuals who customarily bind that entity are required.

Applicant's Signature Applicant Address (P. O. Box Not Acceptable)

Signature of Partner or Corporate Officer Title Address (P. O. Box Not Acceptable)

Signature of Partner or Corporate Officer Title Address (P. O. Box Not Acceptable)

Signature of Partner or Corporate Officer Title Address (P. O. Box Not Acceptable)

THIS FORM MUST BE NOTARIZED

At a meeting of _____, held on the _____ day of _____

(Name of Business Organization)

_____ 20 _____, _____ was legally appointed as the

(Name of Qualifier)

qualifier to act for the business organization in matters connected with its contracting business, and given authority to supervise construction undertaken by the business organization.

SIGNATURE OF OFFICER/PARTNER/TRUSTEE

SIGNATURE OF OFFICER/PARTNER/TRUSTEE

TITLE OF OFFICER

TITLE OF OFFICER

STATE OF FLORIDA
COUNTY OF _____

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

(name of person taking acknowledgment)

(Signature of notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ___ **OR** Produced Identification

Type of Identification Produced _____

ACCEPTANCE OF APPOINTMENT

I, _____, hereby accept appointment as the contractor of record for the _____

(Business Organization)

and assume the responsibilities for the business organization and its employees as outlined in Chapter 489, Florida Statute, and Chapter 75-489, Laws of Florida. I represent that I will actively supervise all work contracted and/or permitted by authority of my competency card or registration and will otherwise take an active role in the operations of this business. I will promptly notify the Pinellas County Construction Licensing Board if I end my affiliation with this business organization.

STATE OF FLORIDA
COUNTY OF _____

Signature of Contractor

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

Certification or Registration Number

(name of person taking acknowledgment)

(Signature of notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ___ **OR** Produced Identification

Type of Identification Produced _____

CERTIFICATE OF INSURANCE REQUIRED

All active contractors must furnish and maintain with the Pinellas County Construction Licensing Board a certificate of insurance for general liability insurance. This certificate must be in the minimum amount of \$300,000 per occurrence commercial general liability insurance. Additionally, the certificate must show proof of workers' compensation insurance as required by law. The certificate must show our name and address as the certificate holder:

**Pinellas County Construction Licensing Board
12600 Belcher Road, Suite 102
Largo, FL 33773**

The PCCLB is not additionally insured, only certificate holder

You will be required to have a valid certificate on file with the Board in order to maintain your license and to renew your active certification annually. This applies to all contractors. All contractors must show proof of workers' compensation coverage. Any contractor subject to licensure under the authority of the PCCLB, when working on projects that coverage becomes required by the Longshore and Harbor Workers' Compensation Act (LSHWCA), 33 U.S.C. 901, et, seq., must retain and maintain proper coverage under the LSHWCA. Failure to do so shall constitute per se misconduct in the practice of contracting.

The certificate of insurance must provide a policy number issued by the insuring company,

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE, THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER AND MAIL TO:

**PINELLAS COUNTY CONSTRUCTION LICENSING BOARD
12600 BELCHER ROAD, SUITE 102
LARGO, FL 33773**

Both the licensee in his/her name and the name of the firm, if applicable, must be named in the certificate. If you are conducting business as a company, corporation or, LLC, the certificate should be worded:

(YOUR COMPANY, CORPORATION OR LLC) AND YOUR NAME

**Example: XYZ CORPORATION AND JOHN DOE Example: XYZ,
LLC AND JOHN DOE**

If you are conducting business in your name only, this would be the only name listed on the insurance certificate:

Example: JOHN DOE