



**APPLICATION FOR SEMINOLE COUNTY
CERTIFICATE OF COMPETENCY**

Seminole County Building Division, Attention: Contractor Licensing
1101 E. First St., Sanford, Florida 32771

I. **Applicant's Name:** _____

Type of License currently held: _____

Home Address: _____
Street City State Zip

Home Phone: () _____ Email: _____

Office Phone: () _____ Fax: () _____

Cell Phone: () _____

II. **Company Name:**

Name of company to be qualified, fictitious name to used, or if no company name will be used, write "individual":

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Office Phone: () _____ Fax: () _____

If application is being made on behalf of, or for the use and benefit of, any partnership, corporation, business trust or other legal entity, you are required to list names and addresses of all officers and/or partners in said entity below:

Officers/ Partners: _____

Address: _____
Street City State Zip

Home Phone: () _____ Email: _____

Office Phone: () _____ Fax: () _____

Cell Phone: () _____

Officers/ Partners: _____

Address: _____
Street City State Zip

Home Phone: () _____ Email: _____

Office Phone: () _____ Fax: () _____

Cell Phone: () _____

Officers/ Partners: _____

Address: _____
Street City State Zip

Home Phone: () _____ Email: _____

Office Phone: () _____ Fax: () _____

Cell Phone: () _____

III. Experience Verification & List of Requirements

1) Attach a Letter of Reciprocity -

- a) Verifies you have taken and passed the appropriate written exam (s) in the jurisdiction within the State of Florida where your license was issued (to include classification of license type).
- b) Said letter shall state any current disciplinary action as well as any sanctions against said license with-in the past twelve (12) months.
- c) Letter shall be dated within seven (7) days of the submittal date of this application.

2) A \$15.00 Competency Card maintenance fee is required at time of submittal of said application and letter.