



City of Ocala

GROWTH MANAGEMENT DEPARTMENT
201 SE 3rd ST, (Second Floor), OCALA, FL 34471
Phone: (352) 629-8421 Fax: (352) 629-8264
Email: gmd@ocalafl.org Website: www.ocalafl.org

General Certification

1. Application and \$75.00 non-refundable registration fee
2. Five References (names, complete addresses, fax numbers, email addresses)
3. Liability Insurance naming City of Ocala as the certificate holder
4. W/C Insurance or W/C Exemption Card with expiration date
5. Credit Bureau Report (processed by City of Ocala)
6. If an individual other than the qualifier is going to pull a permit, a notarized **Letter of Authorization** is required giving them permission to sign for permits.
7. City Business Tax Receipt is required if business or home office is located in the City of Ocala.

*NOTE: Insurance certificates need to list the **City of Ocala as a certificate holder** with the address listed above and must include the **applicant's name**.



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City of Ocala

APPLICATION FOR CONTRACTOR'S CERTIFICATION

PLEASE SUBMIT A \$75.00 NON-REFUNDABLE APPLICATION FEE
 RENEWABLE ANNUALLY

****REGISTERED CONTRACTORS-PLEASE SUBMIT LETTER OF RECIPROCITY
 PLEASE SUBMIT A CURRENT STATE REGISTRATION CARD IF APPLICABLE

DATE: _____

NAME OF BUSINESS: _____

NAME OF APPLICANT: _____

FEDERAL ID _____ Form of Business: () Individual () Partnership () Corp. () LLC

PHYSICAL BUSINESS ADDRESS: _____

BUSINESS PHONE: # _____ HOME PHONE: # _____

MAILING ADDRESS: _____

 CITY STATE ZIP CODE

FAX NUMBER: _____ EMAIL ADDRESS: _____

DATE OF BIRTH: _____

PIN NUMBER: _____ (Four-digit number to be used as password for online permitting and inspections. The number cannot start with a zero.)

NAME AND ADDRESS, FAX NUMBER OR EMAIL ADDRESS OF (5) CONTRACTORS, ARCHITECTS, ENGINEERS AND/OR ANY OTHER PERSONS HAVING KNOWLEDGE OF YOUR PROFESSIONAL CONDUCT. PLEASE GIVE COMPLETE ADDRESS WITH ZIP CODES FOR MAILING.

1. _____
2. _____
3. _____
4. _____
5. _____

EDUCATIONAL TRAINING AND/OR EXPERIENCE:

PLEASE CHECK CATEGORY YOU WISH TO APPLY FOR:

GENERAL HOME REPAIR _____

IRRIGATION _____

LANDSCAPING _____

MASONRY/CONCRETE _____

TREE REMOVAL _____

OTHER CATEGORY, PLEASE SPECIFY: _____

IF QUALIFYING AS A SUB-CONTRACTOR, I CERTIFY THAT ALL MY BUILDING ACTIVITIES WILL AT ALL TIMES BE UNDER THE DIRECT SUPERVISION AND MANAGEMENT OF A CERTIFIED GENERAL, BUILDING OR RESIDENTIAL CONTRACTOR, OR AN OWNER-BUILDER AS ALLOWED BY LAW.

***IF NOT COMPLETED WITHIN 60 DAYS, THIS APPLICATION BECOMES INVALID.**

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 BUSINESS ORGANIZATION, INCLUDING ANY PARTNERSHIP, CORPORATION, BUSINESS TRUST, OR OTHER LEGAL ENTITY, OR IN ANY NAME OTHER THAN HIS LEGAL NAME, THE BUSINESS ORGANIZATION MUST APPLY FOR CERTIFICATION OR REGISTRATION THROUGH A QUALIFYING AGENT, OR THE INDIVIDUAL APPLICANT MUST APPLY FOR CERTIFICATION OR REGISTRATION UNDER THE FICTITIOUS NAME.

(A) THE APPLICATION MUST STATE THE NAME OF THE PARTNERSHIP AND OF ITS PARTNERS; THE NAME OF THE CORPORATION AND OF ITS OFFICERS AND DIRECTORS AND THE NAME OF EACH OF ITS STOCKHOLDERS WHO IS ALSO AN OFFICER OR DIRECTOR; THE NAME OF THE BUSINESS TRUST AND ITS TRUSTEES; OR THE NAME OF SUCH OTHER LEGAL ENTITY AND ITS MEMBERS; AND MUST STATE THE FICTITIOUS NAME, IF ANY UNDER WHICH THE BUSINESS ORGANIZATION IS DOING BUSINESS.

NAME	ADDRESS	POSITION	PHONE#
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THE QUALIFYING AGENT SHALL BE CERTIFIED OR REGISTERED UNDER THIS PART 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 SHALL SO INFORM THE LICENSING AND CERTIFICATIONS DIVISION. IN ADDITION, IF SUCH QUALIFYING AGENT IS THE ONLY CERTIFIED OR REGISTERED CONTRACTOR AFFILIATED WITH THE BUSINESS ORGANIZATION, THE BUSINESS ORGANIZATION SHALL NOTIFY THE LICENSING AND CERTIFICATIONS DIVISION OF THE TERMINATION OF THE QUALIFYING AGENT AND SHALL HAVE 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, UNLESS THE BUILDING OFFICIAL HAS GRANTED A TEMPORARY NONRENEWABLE CERTIFICATE OR REGISTRATION TO THE FINANCIALLY RESPONSIBLE OFFICER, THE PRESIDENT, THE SOLE PROPRIETOR, A PARTNER, OR, IN THE CASE OF A LIMITED PARTNERSHIP, THE GENERAL PARTNER, WHO ASSUMES ALL RESPONSIBILITIES OF A PRIMARY QUALIFYING AGENT FOR THE ENTITY. THIS TEMPORARY CERTIFICATE OR REGISTRATION SHALL ONLY ALLOW THE ENTITY TO PROCEED WITH INCOMPLETE CONTRACTS AS DEFINED IN S.489.121.

IF QUALIFYING AS A FIRM OR CORPORATION, I CERTIFY THAT THE BUSINESS OF SUCH FIRM OR CORPORATION WILL AT ALL TIMES BE UNDER MY DIRECT SUPERVISION AS MANAGEMENT.

FINANCIAL RESPONSIBILITY

ALL APPLICANTS MUST READ THE FOLLOWING STATEMENTS. IF YOU ANSWER "YES" TO ANY OF THEM, A FULL EXPLANATION IS REQUIRED. IF YOU ARE APPLYING TO QUALIFY A CORPORATION, PARTNERSHIP OR OTHER LEGAL BUSINESS ENTITY, OFFICERS OF THAT ENTITY MUST ALSO EXPLAIN IF ANY OF THE BELOW WOULD PERTAIN TO THEM. THIS WOULD INCLUDE THE PRESIDENT, VICE PRESIDENT, SECRETARY, AND/OR PARTNERS, OR OWNER OF THE PROPRIETORSHIP.

HAVE YOU (OR A PARTNERSHIP IN WHICH YOU WERE A PARTNER OR AN AUTHORIZED REPRESENTATIVE, OR A CORPORATION IN WHICH YOU WERE AN OFFICER OR AN AUTHORIZED REPRESENTATIVE) EVER:

- | YES | NO | |
|-----|-----|---|
| ___ | ___ | A. UNDERTAKEN CONSTRUCTION CONTRACTS OR WORK THAT A BONDING OR SURETY COMPANY COMPLETED OR MADE FINANCIAL SETTLEMENTS ON? |
| ___ | ___ | B. HAD CLAIMS OR LAWSUITS FILED FOR UNPAID OR PAST DUE ACCOUNTS BY YOUR CREDITORS AS A RESULT OF CONSTRUCTION OPERATIONS? |
| ___ | ___ | C. UNDERTAKEN CONSTRUCTION CONTRACTS OR WORK WHICH RESULTED IN LIENS, SUITS OR JUDGEMENTS BEING FILED? |
| ___ | ___ | D. HAD A LIEN OF RECORD FILED AGAINST YOU BY THE U.S. INTERNAL REVENUE SERVICE OR FLORIDA CORPORATE TAX DIVISION? |
| ___ | ___ | E. MADE AN ASSIGNMENT OF ASSETS IN SETTLEMENT OF CONSTRUCTION OBLIGATIONS FOR LESS THAN THE DEBTS OUTSTANDING? |
| ___ | ___ | F. BEEN CHARGED WITH OR CONVICTED OF ACTING AS A CONTRACTOR WITHOUT A LICENSE, OR IF LICENSED AS A CONTRACTOR IN THIS OR ANY OTHER STATE, HAD A DISCIPLINARY ACTION (INCLUDING PROBATION, FINE, OR REPRIMAND) AGAINST SUCH LICENSE BY A STATE, COUNTY, OR MUNICIPALITY? |
| ___ | ___ | G. FILED FOR BANKRUPTCY WITHIN THE PAST FIVE YEARS? |
| ___ | ___ | H. BEEN FOUND GUILTY OF ANY CRIME OTHER THAN A TRAFFIC VIOLATION? |

NOTE: THE BOARD OF EXAMINERS AND APPEALS REQUIRES "ANY LICENSEE WHO ANSWERS "YES" TO ANY CONSTRUCTION RELATED QUESTION CONTAINED IN THE FINANCIAL RESPONSIBILITY SECTION OF THE APPLICATION MUST SUPPLY A COMPLETE EXPLANATION OF THE RESPONSE, AND INCLUDE A STATEMENT DETAILING THE STEPS TAKEN BY THE LICENSEE TO PREVENT A RECURRENCE OF THE CIRCUMSTANCES LEADING TO THE CONVICTION, DISCIPLINE, JUDGEMENT, BANKRUPTCY, OR OTHER EVENT LEADING TO THE RESPONSE." INCLUDE ANY PROOF OF PAYMENT SATISFACTION OF LIENS JUDGEMENTS AND BANKRUPTCY DISCHARGE PAPERS IN YOUR SUBMITTAL IF APPLICABLE. LICENSEES MAY BE REQUIRED TO APPEAR BEFORE THE CITY OF OCALA BOARD OF EXAMINERS AND APPEALS TO ANSWER QUESTIONS REGARDING SUCH RESPONSES.

INSURANCE REQUIREMENTS

BEFORE A CERTIFICATE CAN BE ISSUED, THE FOLLOWING INSURANCE REQUIREMENTS SHALL BE ON FILE: A CERTIFICATE OF INSURANCE FOR PUBLIC LIABILITY INSURANCE WITH MINIMUM OF NOT LESS THAN \$50,000 FOR ANY ONE PERSON AND \$100,000 FOR MORE THAN-- ONE PERSON IN ANY ONE ACCIDENT, AND PUBLIC PROPERTY DAMAGE INSURANCE WITH MINIMUM OF NOT LESS THAN \$10,000 FOR ANY ONE ACCIDENT. **THE INSURANCE CERTIFICATE MUST LIST THE "CITY OF OCALA BUILDING DEPARTMENT" AS THE CERTIFICATE HOLDER.** THIS MUST ALSO BE ON FILE WITH YOUR INSURANCE AGENCY. THE CERTIFICATE OF INSURANCE MUST LIST THE POLICY NUMBER OR NUMBERS, THE NAME OF THE COMPANY, AND THE EFFECTIVE DATES, AND EXPIRATION DATES. A STATEMENT AND A COPY OF AN ENDORSEMENT PLACED ON SUCH POLICIES REQUIRING 30 DAYS WRITTEN NOTICE BY REGISTERED MAIL TO THE SECRETARY OF THE BOARD OF CONTRACTORS EXAMINERS, IF IT BECOMES NECESSARY TO CANCEL THE POLICIES FOR ANY REASON.

I HAVE READ, AND UNDERSTAND THE ABOVE STATEMENTS. I AFFIRM THAT THESE STATEMENTS ARE TRUE AND CORRECT AND I RECOGNIZE THAT PROVIDING **FALSE INFORMATION MAY RESULT IN A FINE, SUSPENSION, OR REVOCATION OF MY CONTRACTOR'S CERTIFICATION WITH THE CITY OF OCALA.**

I AUTHORIZE THE CITY OF OCALA TO OBTAIN OR EXCHANGE PERSONAL INFORMATION WITH ANY PERSONAL INFORMATION AGENT TOWARDS ESTABLISHING OR VERIFYING MY FINANCIAL STANDING. _____

I _____ AUTHORIZE THE CITY OF OCALA TO CONDUCT A CREDIT CHECK ON MYSELF INDIVIDUALLY WITH AN ACCREDITED CREDIT BUREAU. THIS REPORT IS REQUIRED TO DETERMINE ELIGIBILITY FOR CERTIFICATION WITH THE CITY OF OCALA.

I FURTHER UNDERSTAND THAT THE CITY OF OCALA WILL HOLD THIS INFORMATION PERSONAL AND CONFIDENTIAL.

DATE

APPLICANT'S SIGNATURE

THE INFORMATION BEING OBTAINED WILL NOT BE USED IN VIOLATION OF ANY FEDERAL OR STATE EQUAL OPPORTUNITY LAW OR REGULATION, AND THAT, IF ANY ADVERSE ACTION IS TO BE TAKEN BASED ON THE CONSUMER REPORT, A COPY OF THE REPORT AND A SUMMARY OF THE CONSUMER'S RIGHTS WILL BE PROVIDED TO THE CONSUMER.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE SECTIONS OF CITY CODE THAT PERTAIN TO THE AREA(S) IN WHICH I WILL BE PERFORMING WORK AND UNDERSTAND THAT FAILURE TO COMPLY WITH CITY CODE MAY RESULT IN A FINE, SUSPENSION, OR REVOCATION OF MY CONTRACTOR'S CERTIFICATION WITH THE CITY OF OCALA.

STATE OF FLORIDA
COUNTY OF MARION

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS DAY OF

_____20_____, _____
(NAME OF PERSON ACKNOWLEDGING)

(SEAL)

NOTARY SIGNATURE

PERSONALLY/PROFESSIONALLY KNOWN _____

-OR- PRODUCED IDENTIFICATION _____

TYPE OF ID PRODUCED _____

FOR OFFICIAL USE ONLY

DATE APPROVED _____

BOARD OF EXAMINERS OF
CONTRACTORS CHAIRMAN

SECRETARY

CITY OF OCALA

COLLECTION OF SOCIAL SECURITY NUMBERS

THE BUILDING/ZONING/LICENSING DEPARTMENT OF THE **CITY OF OCALA** IS REQUESTING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER. SUCH DISCLOSURE IS **MANDATORY**.

SOCIAL SECURITY NUMBER _____

COLLECTION OF YOUR SOCIAL SECURITY NUMBER IS FOR THE FOLLOWING PURPOSES:

____ IDENTIFICATION AND VERIFICATION

____ CREDIT WORTHINESS

____ BACKGROUND CHECK

THIS FORM WILL BE DESTROYED UPON COMPLETION OF APPLICATION.

Select Year:

The 2017 Florida Statutes

[Title XXXI](#)
LABOR

[Chapter 440](#)
WORKERS' COMPENSATION

[View Entire Chapter](#)

440.103 Building permits; identification of minimum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. [440.10](#) and [440.38](#). Such proof of compensation must be evidenced by a certificate of coverage issued by the carrier, a valid exemption certificate approved by the department, or a copy of the employer's authority to self-insure and shall be presented, electronically or physically, each time the employer applies for a building permit. As provided in s. [553.79\(19\)](#), for the purpose of inspection and record retention, site plans or building permits may be maintained at the worksite in the original form or in the form of an electronic copy. These plans and permits must be open to inspection by the building official or a duly authorized representative, as required by the Florida Building Code. As provided in s. [627.413\(5\)](#), each certificate of coverage must show, on its face, whether or not coverage is secured under the minimum premium provisions of rules adopted by rating organizations licensed pursuant to s. [627.221](#). The words "minimum premium policy" or equivalent language shall be typed, printed, stamped, or legibly handwritten.

History.—s. 10, ch. 93-415; s. 5, ch. 98-174; s. 17, ch. 2002-194; s. 472, ch. 2003-261; s. 10, ch. 2003-412; s. 12, ch. 2014-154.