



**GADSDEN COUNTY**  
**Board of County Commissioners**  
**BUILDING INSPECTION DEPARTMENT**

**CLYDE COLLINS**  
**Building Official**

**INSTRUCTIONS:**

- 1. ALL LETTERS ARE TO BE NOTARIZED,**
- 2. ADDRESSED TO GADSDEN COUNTY CONSTRUCTION LICENSING BOARD**
- 3. NOT MORE THAN 60 DAYS OLD PRIOR TO TURNING THEM IN.**
- 4. ALL APPLICATIONS MUST BE COMPLETED TO GO BEFORE THE BOARD.**
- 5. PLEASE CHECK THE FOLLOWING OFF AS YOU OBTAIN THEM AND KEEP THEM IN ORDER WITH THIS FORMS LIST.**

**FORMS:**

- ( ) 1. A Copy of Your State License.**
- ( ) 2. Your LLC or Corporation Name**
- ( ) 3. Copy of Your Workers Compensation or Exemption**
- ( ) 4. A Copy of your Liability Insurance made out to Gadsden County Building Department, 1-B East Jefferson Street, Quincy, Florida 32351.  
Bodily Injury Liability... \$100,000 (except for General Contractor ... \$300,000).  
Property Damage Liability...\$25,000 (except for General Contractor...\$50,000).**
- ( ) 5. One letter of recommendation from contractor relevant to the license for which you are applying for (please include contractor's license number). Letter should be on contractor's letterhead and notarized.**
- ( ) 6. One letter of recommendation from a previous employer; if self-employed, a letter of recommendation from a previous customer. Letter should be notarized.**
- ( ) 7. One letter of reciprocity from the agency that sponsored you to take the competency exam or a letter from an agency that you are in good standing with now. Letter should be notarized.**
- ( ) 8. One letter or certificate showing that you have passed a competency examination for the category for which you are applying. The score must be 70% or higher.**
- ( ) 9. Two letters of recommendation from material suppliers. Letter should be notarized.**
- ( ) 10. Two recent 1" x 1" photographs taped to the provided space on page 2.**
- ( ) 11. There is a \$143.00 application fee. (Review Fee required by the Gadsden County Construction Licensing Board)**
- ( ) 12. Once you are approved by the Board, there is an annual fee of \$72.00. At this time you will receive your Contractor Competency Card from Gadsden County. License expires June 30 of each year. Please renew in June of each year.**



**PLEASE DESIGNATE THE CONTRACTORS LICENSE (COMPETENCY CARD) FOR WHICH YOU ARE APPLYING \_\_\_\_\_.**

**State License #(s) \_\_\_\_\_.**

**Assigned County License/Competency Card #(s) \_\_\_\_\_.**

County will assign these numbers

**This is a contractor's license and you can obtain permits with this license.**

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**PLEASE DESIGNATE THE COUNTY COMPETENCY CARD FOR WHICH YOU ARE APPLYING BY CHECKING ONE OF THE FOLLOWING. (This is not a Contractors License and you cannot obtain permits with this. You are an insured Business with workers compensation or exemption and can work under a licensed contractor or homeowner.**

**Assigned County Competency Card #(s) \_\_\_\_\_**

County will assign this number

**SPECIALTY CARPENTRY** Those who have the knowledge and skill to install wood products in a building including, nonstructural, sheathing, painting, carpet, cabinets and the work of a finish Carpenter.

**SPECIALTY MASONRY/CONCRETE:** Those who are qualified to do the work of a masonry contractor and to pour, place and finish concrete flatwork (floors, sidewalks, etc.) including placement of mesh reinforcement, vapor barriers, and edge forms incidental thereto.

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**EDUCATIONAL RECORD (Circle the highest grade completed)**

**GRADE SCHOOL: 1 2 3 4 5 6 7 8**

\_\_\_\_\_  
**Name of School Telephone Number**

**Address**

\_\_\_\_\_  
**City State Zip**  
**HIGH SCHOOL 9 10 11 12**

\_\_\_\_\_  
**Name of School Telephone Number**

**Address**

\_\_\_\_\_  
**City State Zip**

**College: 1 2 3 4 Major:**

\_\_\_\_\_  
**Name of College Telephone number**

\_\_\_\_\_  
**Address State Zip**

**Trade School (or other) Explain type, number of years, name and address or location, and course of study**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Record (in brief) for the past ten (10) years**

**List any current Certificates of Competency or State License you hold and indicate if they were secured by an examination or other means**

| Type of Certificate | Certificate Number | Date Issued/Expired | Place Issued |
|---------------------|--------------------|---------------------|--------------|
|---------------------|--------------------|---------------------|--------------|

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|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Have you ever been refused a Certificate of Competency or had your license suspended or revoked?**  
No Yes (If yes, explain)

\_\_\_\_\_

\_\_\_\_\_

**State in detail the type of experience and length of time you have had in the construction field.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List below some of your recently completed projects. Give the following information:**

- 1. Position or responsibility held on the project**
- 2. Name of the project**
- 3. Work that was completed by you on the project**
- 4. Location of the project**
- 5. Date of completion**
- 6. Approximate Cost**
- 7. Contact person for the project and their phone number**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

**Other information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References:**

- 1. \_\_\_\_\_ Phone# \_\_\_\_\_
- 2. \_\_\_\_\_ Phone# \_\_\_\_\_
- 3. \_\_\_\_\_ Phone# \_\_\_\_\_
- 4. \_\_\_\_\_ Phone# \_\_\_\_\_

**AFFIDAVIT**

**I, \_\_\_\_\_, the undersigned hereby make application for certification and do vouch for the truth and accuracy of all statements and answers herein contained.**

**The undersigned hereby certifies that he/she will act only for himself/herself, or that he/she is legally qualified to act on behalf of the business organization sought to be certified in all matters connected with its contracting business and he/she has full authority to supervise construction undertaken by himself/herself or such business organization, and that he/she will continue during this certification to be able to bind or act for this business change in this position.**

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

\_\_\_\_\_  
**Printed Name of Applicant**

\_\_\_\_\_  
**Applicant Signature**

**Identify By** \_\_\_\_\_  
(Form of ID)

**Personally known**

**State of** \_\_\_\_\_

**County of** \_\_\_\_\_

**Sworn and subscribed before me this** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_.

\_\_\_\_\_  
**Signature of Notary Public**

**Seal**

\_\_\_\_\_  
**Printed Name of Notary**

**This application will not be accepted without all required documents.  
Completed Applications must be notarized and returned to:**

**Gadsden County Building Inspection Department  
1-B East Jefferson Street  
P.O. Box 1799  
Quincy, Florida 32353-1799**