



# APPLICATION FOR WELL CONTRACTOR CERTIFICATE OF COMPETENCY

Lee County Department of Community Development, Attention: Contractor Licensing  
P.O. Box 398, Fort Myers, Florida 33902  
Phone 239-533-8895

I. Applicant's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Certificate Category Requested: \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Billing Address \_\_\_\_\_  
Street City State Zip

E-Mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

## II. Exam Verification:

Attach proof that you have taken and passed the appropriate exam. The written and field exam will be administered by Lee County staff. The written exam must be taken within thirty (30) days of this application being submitted. If the written exam is not taken within thirty (30) days of this application being submitted, the application and its attachments will be null and void.

## III. Experience Verification:

Attach three (3) original documents verifying that you have the necessary **two (2)** years of experience in the area covered by the certificate of competency you are seeking. These documents should be on forms provided by the Department and completed by past or present employers licensed and actively engaged in the construction services field.

**IV. Photographic Identification:**

Attach to this application a copy of your driver's license or other official state identification that contains a photograph.

**V. Application Review:**

Your application should be complete at the time it is submitted to the Contractor Licensing Office. Failure to submit a complete application may delay review or result in a denial of your application.

**VI. Certification:**

I hereby certify that all of the information in this application is true and correct to the best of my knowledge. As a basis for the grant of licensure, I agree to comply with all codes, laws and regulations applicable to my trade and I will not undertake any work that is outside the scope of the license I have been granted. I understand that any misrepresentation with respect to the information provided in this application, or future submissions applicable to retaining any licensing granted to me, may be grounds for the denial or revocation of my Lee County Certificate of Competency.

\_\_\_\_\_  
Applicant's Signature

Under penalties of perjury, I declare that I have read the forgoing document and that the facts stated in it are true.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



# SUBCONTRACTOR PIN Authorization Form

**RETURN TO:**  
 Lee County Development Services  
 DCD – Contractor Licensing  
 PO Box 398  
 Fort Myers, FL 33902

Phone: 239-533-8895  
 Fax: 239-533-8577  
 Email: contractorlicensing@leegov.com

**ATTN: DCD – Contractor Licensing Office**

*Please type or print information requested.*

License Holder Name: \_\_\_\_\_ State Lic #: \_\_\_\_\_

Company Name: \_\_\_\_\_ County Lic #: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_

THIS AGREEMENT IS FOR CONTRACTOR PARTICIPATION IN LEE COUNTY'S IVR PERMITTING SYSTEM. THE CONTRACTOR AGREES THAT THE PERSONAL IDENTIFICATION NUMBER (PIN) THAT PROVIDES ACCESS TO THE PERMITTING SYSTEM IS THE RESPONSIBILITY OF THE CONTRACTOR.

THE USE OF THE PIN IS INTENDED TO SERVE AS THE CONTRACTOR'S SIGNATURE AUTHORIZATION ON THE PERMIT APPLICATION. ANY USE OF THE PIN BINDS THE CONTRACTOR TO THE TERMS AND CONDITIONS THE SAME AS THE CONTRACTOR'S SIGNATURE ON THE APPLICATION.

THE CONTRACTOR HAS SOLE RESPONSIBILITY FOR THE USE AND PROTECTION OF THE PIN.

CHECK HERE, IF YOU DO NOT WANT YOUR PIN NUMBER AND SECURITY CODE MAILED TO THE ADDRESS LISTED ABOVE.

I am authorizing \_\_\_\_\_, a previously established Authorized Signer as is recognized by Contractor Licensing, to receive the PIN and Security Code associated with the Lee County IVR Permitting System.

\_\_\_\_\_  
(Qualifier Signature)

\_\_\_\_\_  
(Printed or Typed Name of Qualifier)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
(Signature of Notary Public)

(SEAL)

\_\_\_\_\_  
(Printed Name of Notary Public)

# VERIFICATION OF CONSTRUCTION EXPERIENCE

Lee County Development Services, Attention: Contractor Licensing  
P.O. Box 398, Fort Myers, Florida 33902  
Phone (239) 533-8895

Applicant's Name: \_\_\_\_\_

Certificate/Trade Category Requested: \_\_\_\_\_

The Applicant is seeking a Lee County Certificate of Competency in the trade indicated above. As part of the application for this certificate the Applicant must verify their experience within this trade. You are being requested to provide information that will aid the Applicant in meeting this requirement. *You should verify time of active experience working for you as an apprentice or a skilled worker (e.g., as a worker commanding the wage of mechanic or better in the trade). Time served solely in a supervisory or administrative role should be described, but may or may not be considered sufficient to demonstrate required trade experience.* **The following information must be provided by the person verifying trade experience for the above-named applicant:**

Name: \_\_\_\_\_  
(name of the person signing below and verifying the Applicant's relevant experience)

Title: \_\_\_\_\_ License Number: \_\_\_\_\_  
(e.g., Owner, Supervisor, Etc.)

Name of Company or Business: \_\_\_\_\_

Company or Business Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

E-Mail Address: \_\_\_\_\_

Business or Office Phone: ( ) \_\_\_\_\_

Applicant's Title (s): \_\_\_\_\_

The Applicant was employed by me from \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

The Applicant's scope of work (**identify specific duties**) while employed by me included: \_\_\_\_\_

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

List five (5) construction task/projects completed by applicant while employed by you/your company, including but not limited to task/project title, location and dated completed: \_\_\_\_\_

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

Indicate the type of contracting under taken by you/your organization and the total number of years of experience you have within that type of contracting: \_\_\_\_\_

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

List the amount of time the applicant has worked for you/your organization as a skilled worker: \_\_\_\_\_

\_\_\_\_\_

List the amount of time the applicant has worked for you/your organization as a supervisor/administrator: \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE TO LICENSED CONTRACTORS: Falsifying an information provided herein may subject your license to revocation.**

\_\_\_\_\_  
(Signature of Person providing the statement)

Under penalties of perjury, I declare that I have read the forgoing Application and that the facts stated in it are true.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

[Verification of Construction Experience.wpd/Revised 9/08/09]

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Additional Comments: \_\_\_\_\_

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\_\_\_\_\_



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