



HILLSBOROUGH COUNTY REINSTATEMENT APPLICATION

ALL INFORMATION MUST BE TYPED OR CLEARLY PRINTED
ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED
FAXED APPLICATIONS ARE NOT ACCEPTED
APPLICATION FEE (\$280) IS NON-REFUNDABLE

IN SUBMITTING THIS APPLICATION YOU ARE AUTHORIZING HILLSBOROUGH COUNTY TO OBTAIN A COMPLETE CREDIT REPORT AND BACKGROUND CHECK WHICH BECOMES A PART OF THIS APPLICATION.

ATTACH A COPY OF CURRENT DRIVERS LICENSE WITH THIS APPLICATION. THE COPY MUST BE CLEAR AND LEGIBLE.

- WHO MUST FILE FOR REINSTATEMENT:** Any individual previously licensed by Hillsborough County who intends to operate a business or qualify a partnership, firm, corporation or contract or sub-contract (except where exempted by law) in the City of Tampa, Temple Terrace, Plant City, and/or Hillsborough County under any regulated contractor classification and whose previous license (Certificate of Competency) has expired for more than two (2) years or whose license has been in an “inactive” status for more than two (2) years. Applicants whose delinquent or inactive status has exceeded five (5) years must reapply for licensure as if they have never held a license in Hillsborough County (see paragraph 2 Exemption). Applicants whose license has been delinquent or inactive 2-5 years may be required to retest; applicants whose license has been delinquent or inactive more than 5 years will be required to retest (see paragraph 2 Exemption)
- APPLICATIONS:** Applications must be filed with the Hillsborough County Contractor Licensing Team. The appropriate Hillsborough County Board of Adjustments, Appeals, and Examiners must approve an applicant for reinstatement with the following exception:

EXEMPTION: Any applicant who has maintained a current Certificate of Competency in another jurisdiction, for the entire period that the Hillsborough County license has been delinquent or inactive, may be reinstated by the Building Official or his representative providing there are no concerns by the County relating to the applicants payment history (credit report) or background check. Should the County have any concerns relating to the application the application will be referred to the appropriate Board for full review. Applicants utilizing this exemption must have the jurisdiction in which they have held a license during the required period provide a Letter of Reciprocity directly to Hillsborough County and said letter must specially include the period the license has been active in the jurisdiction providing the letter.
- APPLICATION FEES:** The non-refundable application fee of \$280 includes payment for a Credit Report and Background Check pulled by Hillsborough County and made a part of this application package. If paying by check, make check payable to Hillsborough County BOCC. **Applications which are denied by the Board cannot be resubmitted within 6 months of the Board denial. Re-submittals will require payment of the full application fee. A new background check and credit report will be made a part of the re-submittal package. Denied applications are kept for a period of 18 months from date of the original Board Hearing.**



4. **EXAMINATIONS:** If required to retest, Hillsborough County requires a minimum score of 75% on both the Trade Exam and the Business & Law Exam. You must contact the Licensing Team in order to schedule testing.
5. **REGISTRATION FEES:** Normal fee for registration is **\$70/yr** (\$140/2 years); however the initial registration fee may vary depending on when the license is first registered. Licenses/Certificates of Competency are normally renewed every two years (even years for State Certified contractors; odd years for Registered and Specialty contractors (Registered Electrical contractors – even years). State Certified and Registered contractor expiration dates depend on last name; Specialty contractor expiration dates depend holder's birth month.
6. **STATE REGISTRATION:** Some license trades must be registered with the State before the license can be activated or registered (active or inactive) in Hillsborough County. If a license is not registered (active or inactive) within 18 months of Board approval, the approval and application become null & void and the applicant must start the application process from the beginning. It is the applicant's responsibility to contact the Florida Department of Business & Professional Regulation to register their local license. Information and forms can be found on the DBPR web site <http://www.myflorida.com/agency/14/> and clicking on either Construction Industry Licensing Board (building trades) or Electrical Contractors Licensing Board (electrical trades).
7. **APPLICATION SUBMITTAL:** Hillsborough County will not process an application unless it is filled out completely and all required documentation is attached. **All information must be type or clearly printed.** Illegible or incomplete application will not be accepted. For applications sent by mail this will result in additional delays in processing as incomplete applications will be returned to the applicant. **Hillsborough County will not "hold" an incomplete application package.** **FAXED APPLICATIONS WILL NOT BE ACCEPTED AND ALL DOCUMENTS WITH SIGNATURES MUST BE ORIGINALS.**

MAIL OR HAND DELIVER COMPLETED APPLICATION TO:

**Hillsborough County Contractor Licensing
601 E. Kennedy Blvd., 19th Floor
P.O. Box 1110
Tampa, Florida 33601**

Phone (813) 307-4561 / 635-7312



HILLSBOROUGH COUNTY REINSTATEMENT APPLICATION

ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED
FAXED APPLICATIONS ARE NOT ACCEPTED
APPLICATION FEE (\$280) IS NON-REFUNDABLE

Attach a copy of current Drivers License with this application. Copy must be clear and legible.
In submitting this application you are authorizing Hillsborough County to obtain a complete credit report and background check which become a part of this application.

Date: _____, 20____

Applicant's Full Name (License Holder) _____

Company Name (If qualifying Company) _____

Company Address _____

City _____, State _____ Zip Code _____

Home Address _____

City _____, State _____ Zip Code _____

Home Phone # _____ Work Phone # _____ Fax # _____

e-mail address _____

Social Security Number _____ - _____ - _____ Date of Birth _____

License Category _____ License # _____

Previous Hillsborough County License Number: _____

Type of License (i.e. painting, electrical, drywall, etc.) _____

Current License Held in (jurisdiction) _____

Signature of Applicant: _____

MAIL OR HAND DELIVER COMPLETED APPLICATION TO:

Hillsborough County Contractor Licensing
601 E. Kennedy Blvd., 19th Floor
P.O. Box 1110
Tampa, Florida 33601

Phone (813) 307-4561 / 635-7312



VERIFICATION OF CONSTRUCTION EXPERIENCE

**ALL INFORMATION IS TO BE TYPED OR PRINTED
ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED
INFORMATION HEREON MUST BE ORIGINAL - NO COPIES OR FAXES**

Hillsborough County Contractor Licensing
601 E. Kennedy Boulevard, 19th Floor
P.O. Box 1110
Tampa, Florida 33601

Date: _____

In Reference To:

NAME OF APPLICANT: FIRST NAME MIDDLE INITIAL LAST NAME SR, JR, I, II, etc.

I, FULL NAME OF LICENSE HOLDER, license number CONTRACTOR LICENSE or CERTIFICATE #

licensed in JURISDICTION IN WHICH LICENSE WAS ISSUED, hereby certify that I personally have knowledge

that NAME OF APPLICANT has a total of ACTUAL HOURS hours **HANDS-ON** experience

and a total of ACTUAL HOURS hours (**if applicable**) as a **FOREMAN/SUPERVISOR** performing the work described below,

having performed said work between MONTH/YEAR to MONTH/YEAR.

DO NOT COMBINE HANDS-ON HOURS WITH SUPERVISORY HOURS.

In your own words describe what you know of the applicant's experience. Describe the type of hands-on work he/she performed. Describe the kind of buildings, structures, or projects worked upon. Give any details that might aid in evaluating his/her experience. Attach additional page(s) as necessary.

NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____, day of _____, 20_____

by _____
(Printed/Typed Name of License Holder Making Statement)

Personally Known _____ to me OR Produced Identification

(Type of Identification Produced)

(Signature of Notary)

My Commission expires: _____

SIGNATURE OF LICENSE HOLDER ATTESTING TO WORK

PRINTED NAME OF LICENSE HOLDER

CONTACT PHONE NUMBER W/ AREA CODE

Affix Notary Seal

NOTE: If applicant is self-employed, notarized letters from Building Officials, licensing agencies, and/or contractors you performed work for will be accepted. This form may be duplicated. Verification forms must be furnished to substantiate the minimum experience in the category for which application is made.



CONTRACTOR'S CODE COMPLIANCE BOND INSTRUCTIONS & BLANK BOND

Attached is the bond form required of all contractors working in Hillsborough County. **Hillsborough County must receive the original signed & sealed bond** along with the registration/application package. Please insure your bonding company completes all lines correctly. Incorrect or faxed copies of the bond will not be accepted.

1. Upper Left: "Bond For" must state what classification of contractor the bond covers (i.e. Building, General, Mechanical, Electrical, Plumbing, Gas, Specialty (specific trade), Swimming Pools, Roofing, Irrigation, etc.). **NOTE: A separate bond is required for each license category/license held.**
2. The first blank space in Paragraph 1 must contain the **complete name of the "Principal"** (License Holder) if doing business as an individual, **or the license holder's name and company name if the contractor is qualifying a corporation or firm.** If the contractor holds a state license, the name on this bond must read the same as the state license. **BONDS WITH ONLY COMPANY NAMES WILL NOT BE ACCEPTED.**

EXAMPLE

John Doe
(as an individual)

Or

John Doe/Smith & Miller, Inc. or John Doe d/b/a Smith & Miller, Inc.
(as a contractor qualifying a company)

If the license holder qualifies a corporation or firm, the license holder must be an active officer of that corporation or firm, or must be its designated agent.

3. Only one (1) corporation or firm name is permitted.
4. The second blank space in Paragraph 1 names the Surety Company providing the bonding.
5. The first blank space in Paragraph 2 must contain the name as indicated in Item 2 above.
6. The "Principal" (license holder) must sign the bond. The name of license holder must be printed/typed on the line above signature line. **The "company" is not the license holder.**
7. **All bonds are "Continuous" until cancelled.** The Hillsborough County Licensing Team must receive all Notices of Cancellation no later than 15 days prior to the effective date of cancellation.
8. The Surety (bonding) Company is to notify, in writing, the Hillsborough County Code Compliance Team at (813) 635-7313 when any claim is made on any bond, whether paid on or not.
9. All bonds must contain the seal of the surety company and be signed by the Attorney-in-Fact for the surety company. A Power-of- Attorney for the individual signing on behalf of the surety company shall be attached to all bonds.

Please direct all correspondence/communication to:

**CONTRACTOR LICENSING TEAM
601 E. Kennedy Boulevard, 19th Floor
P.O. Box 1110
Tampa, Florida 33601**

Phone (813) 307-4561 or 635-7312 Fax: (813) 635-7367

HILLSBOROUGH COUNTY CONTRACTOR'S CODE COMPLIANCE BOND

ALL INFORMATION IS TO BE TYPED OR CLEARLY PRINTED

BOND FOR _____ CONTRACTOR BOND NUMBER _____
(Type of License Held)

INSURANCE AGENCY _____ PHONE NUMBER (_____) _____

KNOW ALL MEN BY THESE PRESENTS

That we, _____ *and
(License Holder's Name if Individual **or** License Holder's Name **and** Company Name if qualifying a Company)

(Name of Surety/Bonding Company Providing Bond)

a corporate authorized to do business in the State of Florida (hereafter called Surety), are held and firmly bound unto _____, Governor of the State of Florida, and his successors in office, in the penal sum of Five Thousand Dollars (\$5,000), the true payment whereof well and truly to be made we do bind ourselves, our respective heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by this bond.

DATED THIS _____ DAY OF _____, 20 _____

The condition of this bond is such that if the above bound Principal, the said * _____ shall protect all persons suffering any loss or damage occasioned by said Principal failing to comply with any of the provisions of any municipal or county code applicable to the work performed by said Principal or officer, employee or agent of said Principal, or under the direction and supervision of said Principal and shall, without additional cost to the person for whom any such work is performed, remedy all defects in said work due to faulty workmanship or material furnished or used by said Principal, and shall reconstruct any such defective work and will replace or make good any such defective material to the satisfaction of the inspector having jurisdiction of the class of work embraced in the Code applicable thereto, at any time within one (1) year after the performance of any such work by said Principal, his agents or employees, and within forty-eight (48) hours after notice from such inspector to reconstruct, replace or repair the same, then this obligation shall become null and void; otherwise to remain in full force and effect.

The failure or default on the part of the Principal in remedying any defects in such work due to faulty workmanship or incorrect construction or installation or due to faulty materials furnished or used by said Principal, shall give the person for whom such work is performed a right of action against the Principal and Surety under this obligation; provided, however, that no suit, action, or proceeding by reason of any default shall be brought on this bond after one (1) year from date of final completion of the work done by the Principal for any such person.

This bond shall be considered continuous until such time as notification of cancellation is furnished to the Hillsborough County Development Services Division, Construction Licensing Team. Cancellation must be received no less than 15 days prior to the cancellation effective date.

Printed/Typed License Holder's Name – not company name

Surety _____

License Holder's Signature

By _____

Attorney-in-Fact or Surety
(Affix Insurance Company Seal)



PERMIT AGENT AUTHORIZATION FORM

ALL INFORMATION IS TO BE TYPED OR LEGIBLY PRINTED

I, _____, _____,
(Contractor's Name) **NOT COMPANY NAME** (Contractor's License No.)

hereby authorize the following to act as my agent(s) in obtaining permits in Hillsborough County, Florida.

Name of Agent	Driver's License No.

This letter supercedes any previously submitted letter(s) of authorization.

This letter must contain only the people you want to pull permits in your name. To make changes to this letter, you must submit a new letter. This letter will delete and replace any previous authorization letter and the information contained thereon.

This authorization will remain in effect until cancelled in writing by the undersigned license holder.

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____, day of _____, 20_____

by _____
(Printed/Typed Name of License Holder Making Statement)

License Holder's Signature

NOTARY PUBLIC

(Signature of Notary)

(Name of Notary Typed, Printed, or Stamped)

My Commission expires: _____
Personally Known _____ OR Produced Identification

(Type of Identification Produced)

*Affix
Notary
Seal*

From the desk of
David Kennedy, Program Coordinator
Hillsborough County Contractor Licensing
601 E. Kennedy Blvd., 19th Floor
P.O. Box 1110
Tampa, Florida 33601

Ph: (813) 635-7312 Fax: 635-7367
e-mail: kennedyd@hillsboroughcounty.org
Member of Construction Licensing Officials of Florida, Inc.



MEMORANDUM

SUBJ: **WORKERS' COMPENSATION &
LIABILITY INSURANCE CERTIFICATES**

Information Required for Processing above certificates of insurance

1. **Producer:** upper left corner of Accord 25 form must include the Insurance agency's:

Name
Address
Phone number
Fax number (optional)

2. **Certificate Holder:** lower left corner of Accord 25 form must read:

Hillsborough County Contractor Licensing
601 E. Kennedy Boulevard, 19th Floor
P.O. Box 1110
Tampa, Florida 33601

3. **Contractor's Name** (not company name) **and license number** must be shown in the "**Description of Operations**" box above the "Certificate Holder" box.

4. **Out of State Companies:** the following must be stated in the description box:

"Covers all employees in the State of Florida"