



## LICENSE APPLICATION FOR MECHANICAL CONTRACTOR (INSTRUCTIONS)

- WHO MUST FILE FOR EXAMINATION:** Any resident or non-resident of Hillsborough County who intends to operate a business or qualify a partnership, firm or corporation; or contract or sub-contract (except where exempted by law) as an individual in the City of Tampa, Temple Terrace, Plant City, and/or Hillsborough County under any regulated contractor classification.
- APPLICATIONS:** Applications, including all items listed in Paragraph 11, must be filed with the Contractor Licensing Team, Hillsborough County Building Services Division, Planning & Growth Management Department. The Hillsborough County Mechanical Board of Adjustment, Appeals, and Examiners must approve an applicant prior to the applicant scheduling an exam.
- 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 the application package. If paying by check, make check payable to Hillsborough County BOCC. If an exam must be retaken, there is a fee of **\$30** for issuance of a new exam registration form. Exam fees are to be paid directly to the testing agency. **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.**
- EXAMINATION:** After approval of your application by the Mechanical Board, you will be notified by the Hillsborough County Contractor Licensing Team about scheduling your exams. One exam is a test of knowledge in the fundamentals of the Trade; the second exam is a test of one's knowledge of basic Florida Business & Law. Exams are open book (you may highlight do not write in the book or you will not be able to take the book into the examination room).
- SPECIAL EXAMINATIONS:** Special Exams for persons qualifying under the American Disabilities Act may be arranged through the testing agency. In order to qualify for special exams the applicant must meet ADA requirements and furnish required documentation from a doctor to the testing agency.
- PASSING SCORES:** For registration in Hillsborough County, a minimum passing score of **75%** is required on both the Technical exam and the Business & Law exam.
- RECIPROCITY:** The exams are recognized for reciprocity in almost all Counties in the State of Florida. Hillsborough County reciprocates only with jurisdictions which reciprocate in turn. Normally, when applying for reciprocity to another jurisdiction, you will not have to retest if your scores meet the requirements of that jurisdiction; however, any additional requirements of the jurisdiction being reciprocated to would still have to be met. All Reciprocity applications into Hillsborough County require Board approval. (See or contact Contractor Licensing staff for a schedule of Board meeting dates and cut-off dates for application submittal).



8. **REGISTRATION FEES:** The normal fee for Registration in Hillsborough County is \$70/yr.
9. **LICENSE RENEWALS:** If a Certificate is not renewed for 2 consecutive years, the license holder must reapply for reinstatement and appear before the Building Board. The Board may require retesting. If the license is not renewed for a period of 5 years or more, the license becomes invalid and the individual must reapply as a new applicant. If approved, the applicant must be retested. **Licenses may be issued for 2-year cycles; however, depending on when your license is first issued, the initial fee of \$70/yr may vary in order to get you into the proper 2-year cycle.**
10. **STATE REGISTRATION:** Mechanical Contractors must be registered with the State before their licenses can be activated (active or inactive) in Hillsborough County. If a license is not activated within 18 months of Board approval, both the license and Board approval become void and the applicant must begin the licensing process as new applicant. It is the applicant's responsibility to contact the Department of Business & Professional Regulation to register their license. Information can be found on the DBPR web site <http://www.myflorida.com/dbpr/pro/forms/index.shtml> or by telephone at (850) 487-1395 (ask for the Construction Industry Licensing Board).
11. **APPLICATION SUBMITTAL:** Hillsborough County will not process an application unless it is filled out completely on forms provided by the Hillsborough County Contractor Licensing Team, and all required information is attached. **All information must be typed or clearly printed. Illegible or incomplete applications 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 package. **Faxed applications will not be accepted, and all documents with signatures must be the original, signed copy.**
- A. The applicant should submit his/her application in person; however, if it is impossible to submit the application in person, the application may be mailed, along with the **non-refundable application fee of \$280.** The application package must include the following:
- Completed application (to include work the verification form(s) and a copy of current driver's license).**
  - Passport size color photograph attached to page 1 upper left of application.**
  - Copies of all Certificates of Completion from any accredited school.**
  - 2 personal reference letters**
- NOTE: Bond, Liability Insurance Certificate, Workers' Compensation Certificate (or Exemption Certificate), & Permit Agent Form do not have to be turned in until such time the applicant is actually ready to pay his license fees.**
- B. Application should be delivered to:
- HILLSBOROUGH COUNTY CONTRACTOR LICENSING  
601 E. Kennedy Boulevard, 19<sup>th</sup> Floor  
P.O BOX 1110  
Tampa, Florida 33601**

Phone (813) 307-4561 or 635-7312

Fax: (813) 635-7367

03/24/10



# LICENSE APPLICATION for MECHANICAL CONTRACTOR

**FAXED APPLICATIONS WILL NOT BE ACCEPTED**  
**ALL INFORMATION MUST BE TYPED OR CLEARLY PRINTED**  
**ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED**  
**APPLICATION FEES ARE NON-REFUNDABLE**

BY SUBMITTING THIS APPLICATION, THE APPLICANT AUTHORIZES HILLSBOROUGH COUNTY CONTRACTOR LICENSING TO PULL A CREDIT REPORT AND BACKGROUND CHECK WHICH WILL BECOME A PART OF THIS APPLICATION

## TYPE OF LICENSE APPLIED FOR:

**ATTACH  
RECENT COLOR  
PHOTO HERE  
PASSPORT SIZE,  
HEAD ONLY**

- Mechanical \_\_\_\_\_ Unlimited
- Class "A" A/C \_\_\_\_\_ Unlimited A/C
- Class "B" A/C \_\_\_\_\_ 25 tons or less cooling
- Class "C" A/C \_\_\_\_\_ 5 tons or less cooling

## PERSONAL DATA

Date: \_\_\_\_\_ Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
Full First Name                      Full Middle Name                      Last Name

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Res. Address: \_\_\_\_\_

City/St: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Ph: \_\_\_\_\_

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

Bus. Address: \_\_\_\_\_

City/St: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Ph: \_\_\_\_\_

Job Title: \_\_\_\_\_ U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE: IF NOT A U.S. CITIZEN, APPLICANT MUST PROVIDE PROOF OF RIGHT TO WORK IN THE U.S.**

## EDUCATION

<u>High School:</u> (Name, City, State)	<u>Years Attended</u>	<u>Graduate</u>	<u>Degree</u>
_____	_____	_____	_____

<u>College or University:</u> (Name, City, State)	<u>Years Attended</u>	<u>Graduate</u>	<u>Degree</u>
_____	_____	_____	_____

<u>Trade School:</u> (Name, City, State)	<u>Years Attended</u>	<u>Graduate</u>	<u>Degree</u>
_____	_____	_____	_____





# 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, 19<sup>th</sup> 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, 19<sup>th</sup> 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., 19<sup>th</sup> Floor  
P.O. Box 1110  
Tampa, Florida 33601

Ph: (813) 635-7312 Fax: 635-7367  
e-mail: [kennedyd@hillsboroughcounty.org](mailto: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, 19<sup>th</sup> 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"