



APPLICATION FOR CHANGE OF STATUS

**MARTIN COUNTY CONSTRUCTION
INDUSTRY LICENSING BOARD
900 SE RUHNKE STREET
STUART, FL 34994
PHONE: (772) 288-5482**

THE LICENSING BOARD MEETS THE FOURTH WEDNESDAY OF THE MONTH (**EXCEPT AUGUST & DECEMBER**) AT 4:00 PM ON THE 1ST FLOOR IN THE COMMISSION MEETING ROOM. THIS APPLICATION NEEDS TO BE SUBMITTED BY THE 10TH DAY OF THE MONTH TO BE CONSIDERED FOR THAT MONTH'S MEETING. **APPLICANT MUST ATTEND THE CONSTRUCTION INDUSTRY LICENSING BOARD MEETING.** CERTIFICATES ARE ISSUED AFTER BOARD APPROVAL AND RECEIPT OF CERTIFICATE OF LIABILITY AND WORKERS' COMP INSURANCE ON FIRM, LISTING MARTIN COUNTY AS THE CERTIFICATE HOLDER ON AN ACCORD FORM.

APPLICATION & LICENSE FEES

| <u>FEE SCHEDULE</u> | <u>Specialty</u> | <u>Mandatory ***</u> |
|----------------------------------|-------------------------|-----------------------------|
| REINSTATE AN EXPIRED CERTIFICATE | \$125.00 | \$125.00 |
| ACTIVATE AN INACTIVE LICENSE | \$125.00 | \$125.00 |
| *CHANGE NAME OF ENTITY QUALIFIED | \$125.00 | \$125.00 |
| ***QUALIFY AN ADDITIONAL ENTITY | \$125.00 | \$125.00 |

INSTRUCTIONS FOR FILING:

1. **COMPLETE ALL PAGES OF APPLICATION.**
2. **A RECENT PHOTO OF QUALIFIER, NOT LARGER THEN 2 1/2" X 2 1/2"**
3. **APPLICABLE FEE, PAYABLE TO MARTIN COUNTY COMMISSIONERS**
4. **FOR CORPORATIONS, FURNISH A COPY OF FLORIDA CERTIFICATE OF INCORPORATION AND ELECTION OF CURRENT CORPORATE OFFICERS. ALL OTHERS FURNISH CORP. DOCUMENTS. www.sunbiz.org**
- *5. **WHEN APPLYING TO CHANGE ENTITY NAME INCLUDE A LETTER WITH YOUR APPLICATION EXPLAINING THE REASON FOR THE CHANGE**
- **6. **IF ACTIVATING AN INACTIVE CERTIFICATE AND CHANGING THE ENTITY NAME IN THE SAME APPLICATION, THE FEE WILL BE \$125.00**
- ***7. **WHEN APPLYING TO QUALIFY AN ADDITIONAL ENTITY. A CREDIT REPORT ON APPLICANT AND COMPANY MUST BE SUBMITTED**

43.41.E *Qualifying agent.* A licensed contractor who directly supervises and controls the construction work of the business entity or she qualifies. A qualifying agent must have sufficient affiliation with, or interest in, the business entity, to ensure that such qualifying agent will exercise direct supervision and control over the construction work of the business entity, the CILB may demand proof that:

1. The license holder is a full-time employee of the business entity, or
2. The license holder has a significant ownership interest in the business entity, as evidenced by corporate, partnership or other documents showing official action of the business entity, or by official public records.

--MANDATORY TRADES ARE SUBJECT TO DBPR (STATE OF FL) REGISTRATION PRIOR TO CONTRACTING UNDER THE NEW ENTITY NAME

PAYABLE: ONLINE, CHECK, CASH, OR CREDIT CARD



**MARTIN COUNTY
CONSTRUCTION INDUSTRY LICENSING BOARD
900 SE RUHNKE STREET
STUART, FL 34994
(772) 288-5482**

APPLICATION FOR CHANGE OF STATUS

AMT PAID _____ CHECK NO _____ DATE REC'D _____
(CHECK, CASH, MONEY ORDER OR CREDIT CARD)

PLEASE TYPE OR PRINT IN BLACK INK ALL INFORMATION

APPLICATION FEE MUST ACCOMPANY THIS APPLICATION AND IS REQUIRED TO BE PAID BEFORE APPLICATION IS ACCEPTED BY THE BUILDING OFFICIAL AND/OR HIS DESIGNEE. APPLICATION FEE IS NOT REFUNDABLE AFTER APPLICATION HAS BEEN ENTERED ON THE RECORDS. APPLICANT AGREES TO AUTHORIZE THE MARTIN COUNTY CONSTRUCTION INDUSTRY LICENSING BOARD AND ITS AGENTS TO OBTAIN INFORMATION FROM ANY SOURCE DEALING WITH THE APPLICANT OR FIRM BEING QUALIFIED, EVEN THOUGH SAID BUSINESS MIGHT BE DEEMED CONFIDENTIAL, AND ADDITIONAL INFORMATION CONCERNING THE FINANCIAL CONDITION AND BUSINESS REPUTATION OF THE APPLICANT AND FIRM BEING QUALIFIED.

THIS APPLICATION IS TO: **please check**

CHANGE ENTITY NAME
(MUST INCLUDE LETTER EXPLAINING REASON FOR CHANGE)

Change From:

Change To:

Current Status of Business No Longer Qualified: _____

ACTIVATE AN INACTIVE CERTIFICATE

Inactive Date: _____

ATTACH RECENT PHOTO

REINSTATE AN EXPIRED CERTIFICATE

Last Year Certificate of Competency Held:

QUALIFY AN ADDITIONAL ENTITY **(REQUIRES A CREDIT REPORT ON APPLICANT AND COMPANY)**

Currently Qualifying:

Request to Qualify:

CURRENT MARTIN COUNTY CERTIFICATE NO: _____

TRADE CLASSIFICATION:

APPLICANT'S FULL NAME _____

I AM QUALIFYING FOR A: FIRST MIDDLE LAST
LIMITED LIABILITY CORP PARTNERSHIP CORPORATION

NAME OF FIRM OR COMPANY _____

BUSINESS ADDRESS _____ PHONE _____ EMAIL _____

CITY _____ STATE _____ ZIP _____

APPLICANT'S TITLE _____ FINANCIAL INTEREST IN CO.? () YES () NO

HOME ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

IF THE BUSINESS ORGANIZATION IS A LIMITED LIABILITY CORP., PLEASE FILL IN:

OWNER'S NAME

STREET ADDRESS

CITY STATE ZIP

IF BUSINESS ORGANIZATION IS A PARTNERSHIP, PLEASE FILL IN:

PARTNER

PARTNER

STREET ADDRESS

STREET ADDRESS

CITY STATE ZIP

CITY STATE ZIP

IF THE BUSINESS ORGANIZATION IS A CORPORATION, CHARTERED BY THE STATE OF FLORIDA, INCLUDE COPY OF ARTICLES OF INCORPORATION AND ELECTION OF OFFICERS, AND FILL IN BELOW THE NAMES AND ADDRESSES WITH CITY & STATE:

PRES. _____

V. PRES. _____

SEC'Y. _____

TREAS. _____

YOU MUST ANSWER THESE NEXT QUESTIONS.

WILL YOU, AS QUALIFYING AGENT, HAVE ANY OWNERSHIP IN FIRM? _____

IF SO, GIVE DETAILS: _____

WILL YOU BE A FULL-TIME EMPLOYEE OF THIS FIRM? _____

IF NOT, GIVE DETAILS: _____

LIST OTHER LICENSES: _____

LIST EDUCATION RELATED TO CLASSIFICATION YOU ARE APPLYING FOR, INCLUDE DEGREE OR CERTIFICATION ATTAINED:

The undersigned hereby makes application for certification under the provisions of the Martin County Code of Laws and Ordinances, Chapter 7 3/4 and vouches for the truth and accuracy of all statements and answers herein.

All applicants/licensees must answer the below questions. If you answer "yes" to any of the questions, a written explanation is required. Additional documentation is also required, as indicated. If you are applying to qualify a corporation, partnership or other legal business entity, ALL 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, the business organization, or any of the above-mentioned individuals in any capacity EVER:

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Undertaken construction contracts or work that a third party, such as a bonding company completed or made financial settlements? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Had claims or lawsuits filed for unpaid or past due accounts by your creditors as a result of construction operations? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Undertaken construction contracts or work which resulted in liens, suits or judgments being filed? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Had a lien filed against you by the U.S. Internal Revenue Service or Florida Corporate Tax Division? If "yes", you must attach a copy of the Notice of Lien, and any payment agreement, satisfaction, Release of Lien or other proof of payment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Made an assignment of assets in settlement of construction obligations for less than the debts outstanding? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. 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, been "subject to" any disciplinary action by a state, county, or municipality? If "yes", you must attach a copy of any state, county, municipal or out-of-state disciplinary order or judgment. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Filed for or been discharged in bankruptcy within the past five years? If "yes", you must attach a copy of the Discharge Order, Order Confirming Plan or if a corporate Chapter 7 case, a copy of the Notice of Commencement. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Been convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction within the past 10 years? |

NOTE: The Board requires any applicant/licensee who answers "yes" to any question to provide a credit report to be sent directly to the Contractors' Licensing Division of Martin County, FL.

In addition the applicant is required to 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, judgment, bankruptcy, or other event leading to the response. You must include any proof of payment, satisfaction of liens, judgments and bankruptcy discharge papers in your submittal, if applicable. Applicants are required to appear before the Construction Industry Licensing Board to answer questions regarding such responses.

I CERTIFY THAT I WILL ACT FOR THE FIRM, PARTNERSHIP OR CORPORATION FOR WHICH I AM QUALIFYING IN ALL MATTERS CONCERNING THE CONTRACTING BUSINESS, AND I WILL ACTIVELY SUPERVISE ALL CONSTRUCTION WORK AND BE RESPONSIBLE FOR ASCERTAINING THAT ALL SUCH WORK IS COMPLETED ACCORDING TO APPROVED PLANS, APPLICABLE CODES AND GOOD CONSTRUCTION STANDARDS. IF AT ANY TIME DURING THIS CERTIFICATION, I CEASE TO BE ABLE TO ACT FOR THIS BUSINESS ORGANIZATION, I WILL IMMEDIATELY NOTIFY THE MARTIN COUNTY CONSTRUCTION INDUSTRY LICENSING BOARD IN WRITING.

SIGNATURE OF APPLICANT

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 202___ by _____

NOTARY PUBLIC

Personally Known ___ Produced ID ___
Type of ID Produced _____



FOR CORPORATIONS ONLY

DATE: _____

MARTIN COUNTY CONSTRUCTION
INDUSTRY LICENSING BOARD
2401 SE MONTEREY ROAD
STUART, FL 34996

I HEREBY CERTIFY THAT _____

IS QUALIFYING AGENT FOR _____

LOCATED AT _____

AND THAT HE HAS AUTHORITY TO ACT FOR THE FIRM OR CORPORATION IN ALL MATTERS CONNECTED WITH OUR CONTRACTING BUSINESS AND WILL SUPERVISE THE CONSTRUCTION AND INSTALLATION UNDER THE CERTIFICATE OF COMPETENCY ISSUED.

I FURTHER CERTIFY THAT WE WILL IMMEDIATELY NOTIFY THE MARTIN COUNTY CONSTRUCTION INDUSTRY LICENSING BOARD IF THE ABOVE-NAMED QUALIFYING AGENT SHALL SEVER CONNECTIONS WITH THE FIRM, OR IS NO LONGER ACTIVELY SUPERVISING THE CONSTRUCTION AND INSTALLATION WORK UNDER CONTRACT.

SIGNATURE OF CORPORATE OFFICER
(OTHER THAN APPLICANT QUALIFYING CORPORATION)

CORPORATION SEAL

This document may be reproduced upon request in an alternative format by contacting the County ADA Coordinator (772)320-3131, the County Administration office (772)288-5400, Florida Relay 711, or by completing our accessibility feedback form at www.martin.fl.us/accessibility-feedback.