



Escambia County Building Inspections Division
3363 West Park Place
Pensacola, FL 32505
Telephone: (850) 595-3550 - Facsimile (850) 595-3401
On the Web: www.myescambia.com

CONTRACTOR LICENSING REINSTATEMENT/RESTORATION POLICY GUIDELINES

1. Complete and submit attached Change of Status form with required attachments and Application Fee of \$150, paid at time of submittal.
2. Provide a Letter to the Board stating the reason for failure to renew during renewal/grace period.
3. Provide a Letter to the Board stating the reason for Contractor failing to maintain current address with Competency Board, if applicable.
4. Provide a summary of work completed while licensed.
5. Provide Letter of Reference from three (3) major suppliers.
6. Proof of current Insurance requirements.
7. Proof of Continuing Education requirements for each renewal period.
8. Attend respective Board meeting.

The Competency Board will address the following items with the Applicant at the meeting:

- ✓ Previous experience of the Contractor, including the number of jobs performed in the category for reinstatement.
- ✓ Complaint history, hearings, reprimands, or suspensions filed against any Contractor seeking restoration of license.
- ✓ Reason for failure to renew during renewal/grace period.
- ✓ Reason for contractor failing to maintain current address with Competency Board, if applicable.
- ✓ Current insurance certificates.
- ✓ Continuing education requirements.

IN ORDER TO BE PLACED ON THE AGENDA FOR THE NEXT BOARD MEETING, REINSTATEMENT PACKET MUST BE SUBMITTED TO THE BOARD SECRETARY NO LATER THAN THE WEDNESDAY PRIOR TO THE BOARD MEETING.

THE BOARD MEETS THE 1ST WEDNESDAY OF EACH MONTH, UNLESS RESCHEDULED DUE TO HOLIDAYS, ETC.



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**CONTRACTOR LICENSING
 CHANGE OF STATUS**

(PLEASE PRINT CLEARLY OR TYPE)

Please provide the following in order to request a change on your County license:

1. If qualifying additional entity:
 Proof from Florida Division of Corporations showing Active Status for Corporation or LLC issued in new name, (i.e., print out from www.sunbiz.gov, etc.);
2. Completed Change of Status form;
3. Certificate of Insurance and Workers' Compensation information with the new name;
4. Proof of Continuing Education requirements (for reinstatement and inactive to active status change only);
5. Application fee is due at time of application submittal.

LICENSE NO.: _____

Applicant's Full Legal Name (no nicknames, please)

_____ (DOB) _____
 Last First Middle

Mailing Address _____
 Street/City/State/Zip Code

Driver's License Number/State _____

Work Phone _____ Fax Number _____

Email _____ Cell Number _____

Change Requested:

Application Fee:

<input type="checkbox"/>	Address/Telephone Change	N/C
<input type="checkbox"/>	Active status to Inactive status	\$ n/c – no Board action req'd
<input type="checkbox"/>	Inactive status to Active Status	\$ 50.00 – Payment of appl fee and balance of renewal fee; proof of current CEU's; no Board action req'd
<input type="checkbox"/>	Business Name Change	\$ 50.00 – no Board action req'd
<input type="checkbox"/>	Qualifying Additional Entity	\$150.00 prorated to Expiration Date
<input type="checkbox"/>	Restoration of delinquent license (91 days – 2 yrs)	\$150.00 Application fee plus renewal fee (w/Board approval)
<input type="checkbox"/>	Reinstatement of delinquent license (over – 2 yrs)	\$150.00 Application fee plus renewal fee for each year w/Board approval
<input type="checkbox"/>	Duplicate Contractor Card	\$ 40.00

BUSINESS NO LONGER QUALIFYING: _____

BUSINESS APPLYING TO QUALIFY: _____

List all licenses that Applicant, Partners or Corporate Officers hold or have held in Escambia County:

License Type: _____ County No.: _____

License Type: _____ County No.: _____

License Type: _____ County No.: _____

AFFIDAVIT

If you are qualifying as an individual or as sole proprietor, only you need to sign below. If you are qualifying a Proprietorship, you and the Owner must sign. If a Corporation is being qualified, the signatures of the President, Vice-President and Secretary are required to sign. If it is a Partnership, each Partner must also sign below attesting the information is correct.

Applicant's Signature Date

Signature of Partner/President/Sole Proprietor/Owner Date

Signature of Partner/Vice-President Date

Signature of Secretary/Treasurer Date

The undersigned hereby makes application for certification under the provision of the Escambia County Code of Laws and Ordinances and vouches for the truth and accuracy of all statements and answers herein. **If "Yes" is the answer to any question below, please explain in detail on an attached sheet of paper.** Has the Applicant or any person in the Organization being qualified:

	<u>Yes</u>	<u>No</u>
1. Been declared bankrupt or been a member of a firm adjudicated bankrupt or in bankruptcy proceedings?	_____	_____
2. Failed to complete a contract?	_____	_____
3. Failed or been a member of a firm which failed to pay subcontractors/material suppliers or employees on a contract?	_____	_____
4. Had liens, law suits, or judgments pending or filed as a result of construction operations?	_____	_____
5. Had a contractor's license revoked, suspended, reprimanded, placed on probation, or other discipline?	_____	_____
6. Had any unpaid, past due bills over 90 days for claims of labor, material or services?	_____	_____

7. Ever been convicted of a crime, had adjudication withheld, or presently charged with a felony? _____

As a qualifying agent, I certify I will act for the firm/partnership/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 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 Escambia County Contractor Competency Board, in writing.

We, jointly, understand any willful falsification of any information herein, including all supplementary pages and attachments, is grounds for disqualification; additionally, all information contained herein, including: all supplementary pages and attachments shall become part of public records upon signature.

Signature of Contractor

Signature of President/Partner

Signature of Vice President/Partner

Signature of Secretary/Partner

STATE OF _____

COUNTY OF _____

The applicant who name is _____
Personally appeared before me and is personally known and/or produced as identification _____
_____.

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20____.

NOTARY PUBLIC
Printed Name of Notary: _____

(SEAL)

Approved: _____	Rejected: _____
_____ Chairman Escambia County Contractor Competency Board	
Date: _____	