



Application for Registration to Lake County

Name & Company Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number _____

Email Address: _____

I hereby make application for certification to engage in business as _____

Attached are the following documents to complete my certification:

- ___1. Have mailed to the Building Official a letter of reciprocity through which you took an Examination. The passing grade for Lake County is 75.0%, and you **MUST** have taken the Business and Law examination.
- ___2. Give original bond in the amount of five thousand (\$5,000.00) conditioned on the contractor following and complying with all provisions of this chapter. Any such bond shall be made payable to the Florida Homeowners Construction Recovery Fund. Bond reciprocity shall be granted in accordance with F.S. § 483.131.
- ___3. An affidavit stating that the applicant will not undertake any work which is outside the scope of the local license for which he is applying and that he will comply with all county regulations applicable to his work.
- ___4. Certificate of insurance with the certificate holder reading Lake County Board of County Commissioners, for commercial general liability insurance for the safety and welfare of the public in the minimum amounts of three hundred thousand dollars (\$300,000.00) per occurrence.
- ___5. Certificate of insurance with the certificate holder reading Lake County Board of County Commissioners, for Florida Worker's Compensation insurance, or a copy of an approved DWC-252 or DWC-253 Exempt form from the State Division of Worker's Compensation Bureau.
- ___6. Copy of current local business tax receipt/occupational license.
- ___7. Copy of State of Florida Registration Card (if applicable). For details on State Certification contact:

Division of Professions
Construction Industry Licensing Board
1940 N. Monroe St. Northwood Center Tallahassee, FL 32399,
Phone number: (850) 487-1395. Electrical Board (850) 488-3109
Web site: www.myflorida.com

- ___8. Evidence of registering with the Secretary of State (if using a fictitious name or if incorporated).
- ___9. Copy of driver's license.
- ___10. Long Shoreman Insurance: required on all contractors that perform marine type work on the Chain of Lakes and all canals and waterways providing access to the Chain of Lakes.
- ___11. Check payable to the Board of County Commissioners, or cash, in the amount of \$150.00 for two (2) years as required by Lake County, or pro-rated if less than six months before expiration date, if applicable, depending on cycle of when contractor is licensed.

PLEASE NOTE: A temporary comp card may need to be obtained from the Building Division in order to complete items 6 and 7 on the above checklist.

All items must be on file in the Lake County Building Services Division before contracting, sub-contracting, or operating a construction industry trade in Lake County, and prior to making application for any form or construction permit. All paperwork must reflect the same information on your state card (i.e., if the state card is issued with a business name, then all documentation submitted must also show the business name).

Any contractor holding a local license is required to keep a current address and phone number on file with Lake County Building Services Department. Within fifteen (15) days of a change in address or phone number, the contractor shall notify Lake County Building Services of the new information.

Signature of applicant: _____

Date: _____



SCOPE OF COMPETENCY AFFIDAVIT

Before me this day personally appeared _____, who being first duly sworn, deposes and says: that he or she will not undertake any work which would not have been within the scope of the Certification of Competency for which he or she is applying, and that he or she will comply with all County Regulations applicable to his or her work.

Also, he or she has not had any disciplinary actions in any other jurisdiction within the last five years.

If so, he or she will make Lake County aware of any actions taken.

Signature of Person Making Affidavit

State of Florida

County of Lake

The foregoing instrument was acknowledged before me this _____ day of _____ 20____, by _____ who is personally known to me or has produced _____ as identification and who did _____ or did not _____ take an oath.

Notary Public (Signature)
(seal)



STATE OF FLORIDA – CONTRACTOR’S BOND

Original on file with Lake County

BOND NUMBER _____ FOR _____, (individual's name)
CONTRACTOR d.b.a. _____
INSURANCE AGENT _____.

KNOW ALL MEN BY THESE PRESENTS:

That Contractor, _____, as Principal, of
COMPANY NAME _____, and
_____, a corporate surety authorized to do
business in the State of Florida (hereinafter called Surety,) are held and firmly bound unto the Florida
Homeowners’ Construction Recovery Fund in the penal sum of Five thousand dollars (\$5,000), are true
payment whereof well and truly to be made we do bind ourselves, our respective heirs, executors,
administrators, successors, assigns, jointly and severally, firmly by this bond.

DATED, SEALED, AND SIGNED THIS _____ DAY OF _____

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 state law or rule or municipal or county code applicable to the work performed by said Principal, or
under the direction and supervision of Principal and shall without additional cost to person for whom any such
work is performed, remedy all code defects in said work due to faulty workmanship or material furnished or
used by Principal, and shall reconstruct any such defective work and will replace or make good any such
defective material to the satisfaction of the Building Official 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
Principal, his agents or employees, and within forty-eight (48) hours after notice from such Building Official 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 use 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 processing by reason of any default shall
be brought on this bond after one (1) year from final completion of work done by Principal for any such person
as evidenced by the completion documentation issued by the building permitting jurisdiction.

The premium anniversary date of this bond shall be October 1 of each year unless terminated by said surety.

PRINCIPAL (LICENSED CONTRACTOR’S SIGNATURE)

**AFFIX INSURANCE
COMPANY SEAL**

SURETY, _____
By _____
ATTORNEY IN FACT OF SURETY

Florida Statues 489.131 (3) (e) requires that this bond be recognized by reciprocity statewide.

NOTE: This bond must be prepared in the individual contractor’s name. You may add the business name if applicable. Please
be sure the bond is properly submitted in the correct name to assure your licensing file is complete.