



## Application for Registration

Office of Building Services  
315 West Main St., Tavares, FL 32778 · PO Box 7800  
Phone (352)343-9653 · Website [www.lakecountyfl.gov](http://www.lakecountyfl.gov)

Email To: [Mylicense@lakecountyfl.gov](mailto:Mylicense@lakecountyfl.gov)

Applicant & Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

I hereby make application for certification to engage in business as: \_\_\_\_\_

Attached are the following documents to complete my certification:

- ☐ 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.
- ☐ Provide 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:  
**Florida Homeowners Construction Recovery Fund.** Bond reciprocity shall be granted in accordance with F.S. § 483.131
- ☐ 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.
- ☐ 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.
- ☐ 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.
- ☐ Copy of State of Florida Registration Card (if applicable). For details on State Certification contact:

Division of Professions Construction Industry Licensing Board  
2601 Blair Stone Road Tallahassee, FL 32399-0791

Phone #: (850) 487-1395 Electrical Board (850) 487-1395 Web site: [MyFloridaLicense.com](http://MyFloridaLicense.com)

- ☐ The applicant shall furnish a certified copy of the results of a statewide criminal history check from the Department of Law Enforcement.
- ☐ 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 competency card may be required from the Building Division to obtain a State of Florida Registered license.**

All items must be on file in the Lake County Office of Building Services 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 Office of Building Services. Within fifteen (15) days of a change in address or phone number, the contractor shall notify Lake County Office of Building Services of the new information.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_



## Scope of Competency Affidavit

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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 Applicant

\_\_\_\_\_  
Name (Type or Print)

State of Florida

County \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public (Signature)

(SEAL)

## State of Florida Contractor's Bond

Bond #: \_\_\_\_\_ 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)

\_\_\_\_\_  
Name

\_\_\_\_\_  
(Type

\_\_\_\_\_  
or

\_\_\_\_\_  
Print)

\_\_\_\_\_  
Surety

\_\_\_\_\_  
(SEAL)

\_\_\_\_\_  
Attorney in Fact of Surety

Florida Statutes 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.**