REQUIREMENTS FOR COMPETENCY CARD

1. Letter stating that the exam that was taken was a Proctored Exam, the date the exam was taken and the score of 75 on Both Sections.

2. If the exam was taken over four (4) years past, you must appear before our Examining Board. The Board meets the third Monday of each month at 3 p.m. All paperwork must be submitted complete to the Building Department 20 days prior to the meeting.

3. If the Exam was taken within the last four (4) years, you do not have to appear before the Board, however, the below mentioned items must be completed.

4. If the exam was taken over four (4) years past, we require three (3) notarized letters from contractors (on their letterhead) in your field or ones that you have worked for. Their name and license number must be provided under their signature.

5. Copy of State of Florida license.

6. Workman’s Compensation (showing City of Panama City Beach – 116 South Arnold Rd., PCB, FL 32413) as Certificate Holder.

7. Proof of CEUs (Continuing Education Units)

8. Competency Card application must be completed in detail and notarized.

9. Original $5,000 Surety Bond must be provided.

10. Occupational License.

11. Copy of Driver’s License.

12. A notarized list of persons who can pull permits under the applicant’s license.

13. A $50 fee (local), $150 fee (out of county), $300 fee (out of state) is required at time of issue. Competency Cards are valid for (2) years.

8/11/2017
APPLICATION FOR REGISTERED CONTRACTOR'S COMPETENCY CARD

ANSWER ALL QUESTIONS - PLEASE TYPE OR PRINT

PROCORED BLOCK EXAMINATION: ____________________ SCORE: ________________ COUNTY: ____________

DATE: _________________________________

1. NAME: __________________________ PHONE: ___________________________
   ADDRESS: ___________________________________________________________
   STREET: __________________ CITY /STATE: __________________ ZIP CODE: ___________
   DOB: __________ AGE: __________ HT: __________ WT: __________ HAIR COLOR: __________ EYE COLOR: __________

PROVIDE COPY OF DRIVERS LICENSE

2. PRESENT EMPLOYER: __________________________
   ADDRESS: ___________________________________________________________
   STREET: __________________ CITY/STATE: __________________ ZIP CODE: ___________
   PHONE NO.:
   EMPLOYMENT DATE: FROM __________________ TO __________________
   TITLE OR POSITION: __________________________________

EDUCATION RECORD:

   TRADE SCHOOL OR TECHNICAL SCHOOL. EXPLAIN TYPE, NUMBER OF YEARS, NAME AND LOCATION:
   __________________________________________
   __________________________________________
   __________________________________________

3. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, OTHER THAN A MINOR TRAFFIC VIOLATION:
   YES __________ NO __________
   __________ IF YES, STATE WHERE AND WHAT OFFENSE.

4. LIST ALL COMPETENCY CERTIFICATES ISSUED TO YOU INCLUDING THOSE CURRENT EFFECTIVE AND INDICATE IF SECURED BY SECURED BY EXAMINATION.

   TYPE __________ NUMBER __________ RECEIVED __________ ISSUED BY __________ EXPIRES __________ BY EXAM? __________ YES/NO __________

   __________________________________________

5. LIST ALL BUSINESSES, WITH ADDRESSES, THAT YOU HAVE ACTED AS A QUALIFIER AND IN WHICH YOU HAVE HAD AN ACTIVE PART DURING THE PAST FIVE YEARS.

   __________________________________________
   __________________________________________

6. HOW MANY YEARS OF PRACTICAL EXPERIENCE HAVE YOU HAD? ________________
7. LIST BELOW THE NUMBER OF YEARS SERVED AS:
   
   APPRENTICE ____________________ FROM ____________________ TO ____________________
   
   JOURNEYMAN ____________________ FROM ____________________ TO ____________________

8. EMPLOYMENT RECORD: (Use Separate Sheet if Necessary)
   BEGINNING WITH THE MOST RECENT EMPLOYER, LIST EMPLOYERS, DATES, LOCATIONS, POSITION, AND REASONS FOR LEAVING.
   
   
   

9. STATE IN DETAIL YOUR EXPERIENCE AND CAPACITY IN WHICH YOU SERVED IN YOUR FIELD OF BUSINESS.
   
   
   

10. HAS YOUR LICENSE EVERY BEEN SUSPENDED OR REVOKED. ———
    IF YES, EXPLAIN:
    
    
    
    HAVE YOU EVER HAD ANY LIENS FILED AGAINST YOUR JOBS? ———
    IF YES EXPLAIN:
    
    
    
    SIGNATURE OF APPLICANT
    
    STATE OF FLORIDA COUNTY OF
    BAY
    
    SWORN TO AND SUBSCRIBED BEFORE ME THIS _____DAY OF _____'20 __________________________
    
    NOTARY PUBLIC

NOTE:
IF THE APPLICANT IS ON THE AGENDA AND DOES NOT APPEAR BEFORE THE BOARD FOR THE MEETING, HE SHALL WAIT THREE MONTHS BEFORE REAPPEARING.

08/11/08