



MONROE COUNTY
CONSTRUCTION TRADES APPLICATION

ATTACH RECENT
2 X 2 INCHES
COLOR
PHOTOGRAPH
HERE

THIS APPLICATION COVERS BUILDING, ENGINEERING, PLUMBING, ELECTRICAL, AND MECHANICAL FIELDS. ADDITIONALLY, IT COVERS MASTERS, JOURNEYMAN, APPRENTICE, AND SPECIALTY TRADES FOR A MONROE COUNTY CERTIFICATE OF COMPETENCY LICENSE.

PLEASE TYPE OR PRINT IN DARK INK.

LEGAL NAME: _____

HOME ADDRESS: _____ CITY, STATE, ZIP _____

PLACE OF BIRTH _____ DATE OF BIRTH _____ PHONE _____

BUSINESS NAME TO BE QUALIFIED _____

BUSINESS ADDRESS _____

CITY, STATE, ZIP _____ PHONE _____ FAX _____

EMAIL ADDRESS(print legibly) : _____

LIST DOCUMENT NUMBER OR REGISTRATION NUMBER ON FILE WITH THE FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS(if available) _____

I HEREBY MAKE APPLICATION TO QUALIFY UNDER THE PROVISIONS OF MONROE COUNTY CODE FOR THE

LICENSE CATEGORY OF: _____

- 1. NUMBER OF YEARS WORKING IN THE TRADE APPLIED FOR: _____
2. NUMBER OF YEARS EXPERIENCE AS AN APPRENTICE: _____ AS A JOURNEYMAN: _____
3. HAVE YOU PREVIOUSLY FILED AN APPLICATION IN MONROE COUNTY FOR THIS LICENSE OR ANY OTHER CATEGORY: YES ___ NO ___ IF "YES" WHEN DID YOU APPLY _____ license number _____
4. ARE YOU RECIPROCATING FROM ANOTHER COUNTY/CITY? YES ___ NO ___ IF YES, WHERE FROM? _____
5. ARE YOU USING A STATE CERTIFIED CONTRACTOR LICENSE TO QUALIFY THIS COMPANY: YES ___ NO ___ IF YES, LIST YOUR LICENSE NUMBER: _____

TRADE EXPERIENCE

IF APPLICATION IS FOR RECIPROCITY, YOU DO NOT NEED TO COMPLETE THE TRADE, EDUCATION, AND WORK EXPERIENCE AFFIDAVIT CATEGORIES, UNLESS YOU DO NOT MEET MONROE COUNTY LICENSE REQUIREMENTS AS DEFINED IN CHAPTER 6 OF THE MONROE COUNTY CODE.

PLEASE BE ADVISED THAT THE BOARD CAN REFUSE TO ACCEPT ANY STATEMENT THAT (1) IS NOT CLEARLY AN ORIGINAL DOCUMENT, (2) WHERE THE FACE OF THE DOCUMENT PROVIDES EVIDENCE THAT THE STATEMENT HAS BEEN CHANGED FROM ITS ORIGINAL FORM, OR (3) REQUIREMENTS ARE NOT MET.

LIST BELOW YOUR TRADE EXPERIENCE SPECIFICALLY RELATED TO THE CATEGORY FOR WHICH YOU ARE APPLYING. BE ACCURATE AND DETAILED SO MONROE COUNTY CONTRACTORS' EXAMINING BOARD CAN PROPERLY ASSESS YOUR EXPERIENCE IN THE CLASSIFICATION FOR WHICH YOU ARE APPLYING FOR A CERTIFICATE OF COMPETENCY, AND LIST BELOW YOUR TRADE EXPERIENCE SPECIFICALLY RELATED TO THE CATEGORY FOR WHICH YOU ARE APPLYING, BEGINNING WITH MOST RECENT ONE. INFORMATION MUST BE VERIFIABLE AND MUST INCLUDE DATE-OF-HIRE (MONTH/YEAR), EMPLOYER, ADDRESS, TELEPHONE NUMBER, AND DUTIES & RESPONSIBILITIES. THIS INFORMATION MUST CORRESPOND WITH THE WORK EXPERIENCE VERIFICATION AFFIDAVIT.

AP _____

Table with 4 columns: Contractor ID#, License Number, Issued, Staff

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE SCOPE OF WORK ALLOWED WITH THIS LICENSE. I FURTHER CERTIFY THAT THE ABOVE DESCRIBED WORK AND EXPERIENCE RECORD REPRESENTS TO THE BEST OF MY KNOWLEDGE ALL INFORMATION RELATIVE TO THE SCOPE OF WORK AND CATEGORY FOR WHICH I AM APPLYING. I WILL FURTHER NOTIFY THE COUNTY OF ANY CHANGE IN WRITING OF ANY AND ALL CHANGES OF MAILING ADDRESS. AND BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ M.C.C. 6-234 REQUIRED (ADVERTISEMENT) AND AGREE TO ABIDE BY THE REQUIREMENTS OF THIS SECTION.

I SWEAR AND AFFIRM THAT THE ALL OF THE ABOVE IS CORRECT, TRUE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE PRINT NAME

STATE OF _____
COUNTY OF _____

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME, BY MEANS OF _____ PHYSICAL PRESENCE OR _____ ONLINE NOTARIZATION, THIS _____ DAY OF _____, _____ (YEAR), BY _____ PERSONALLY KNOWN TO ME _____ OR HAS PRODUCED IDENTIFICATION IN THE FORM OF _____.

NOTARY'S SIGNATURE SEAL

DO NOT WRITE BELOW THIS LINE; FOR DEPARTMENT USE ONLY

Date App Received _____ Staff _____ Exam Fee Collected \$ _____ Date Paid _____

Receipt # _____ Staff _____

Written Exam Required: _____ Yes _____ No If No, reason: _____

1) Exam Type: _____ Date: _____ Location: _____
Catalog Exam Code: _____ Testing Agency: _____

Grade _____ Passed _____ Failed Date Notified: _____ Via e-mail / mail

2) Exam Type: _____ Date: _____ Location: _____
Catalog Exam Code: _____ Testing Agency: _____

Grade _____ Passed _____ Failed Date Notified: _____ Via e-mail / mail

FOR CONTRACTORS' EXAMINING BOARD USE ONLY

_____ Approved _____ Denied Reason denied: _____

By _____ DATE
CEB MEMBER

This Section is to be used if application was previously denied. .

_____ Approved _____ Denied Reason denied a second time: _____

By _____ DATE
CEB MEMBER