



**MONROE COUNTY  
CONSTRUCTION TRADES APPLICATION  
FOR A CERTIFICATE OF COMPETENCY**

**PLEASE TYPE OR PRINT IN DARK INK.**

LEGAL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

BUSINESS NAME TO BE QUALIFIED \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

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# \_\_\_\_\_
4. ARE YOU RECIPROCATING FROM ANOTHER COUNTY/CITY? YES \_\_\_ NO \_\_\_  
IF YES, WHERE FROM? \_\_\_\_\_

**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.

Internal:			
CEB SCHEDULED DATE _____	AP# _____	Staff _____	
Contractor ID# _____	License Number Issued _____	Date _____	Staff _____

1. COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
BRIEF JOB DESCRIPTION: \_\_\_\_\_  
EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_  
(Month/year) (Month/year)

2. COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
BRIEF JOB DESCRIPTION: \_\_\_\_\_  
EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_  
(Month/year) (Month/year)

3. COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
BRIEF JOB DESCRIPTION: \_\_\_\_\_  
EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_  
(Month/year) (Month/year)

### **EDUCATION**

LIST YOUR DETAILED AND ACCURATE EDUCATION RECORD BELOW. THIS INFORMATION MAY BE PARTIALLY USED AS A PREREQUISITE TO QUALIFYING FOR EXAMINATION AND/OR CERTIFICATION.

HIGH SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ YEARS \_\_\_\_\_

COLLEGE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ YEARS \_\_\_\_\_

DEGREE TITLE \_\_\_\_\_ YEAR(S) OBTAINED \_\_\_\_\_

TRADE SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ YEARS \_\_\_\_\_

TRADE SCHOOL COURSES TAKEN: \_\_\_\_\_

OTHER SCHOOLING (SERVICE OR OTHER): \_\_\_\_\_

### **RESUME OF APPLICANT'S EXPERIENCE**

COMPLETE THIS RESUME OR ATTACH A RESUME TO YOUR APPLICATION FOR A CERTIFICATE OF COMPETENCY. THIS INFORMATION IS REQUIRED TO PROPERLY ASSESS YOUR EXPERIENCE IN TERMS OF AUTHORIZED SCOPE OF WORK CATEGORIES LISTED IN CHAPTER 6 OF THE MONROE COUNTY CODE. IN THE SPACE BELOW, LIST EACH EMPLOYER AND A DETAILED DESCRIPTION OF THE EXACT WORK YOU DO OR DID WITH EACH EMPLOYER. DO NOT MERELY EXPLAIN HOW MANY PEOPLE YOU SUPERVISED. NAME THE PROJECTS YOU WORKED ON AND LIST YOUR EXACT RESPONSIBILITIES AND DUTIES, THEN EXPLAIN THE TYPE OF WORK PERFORMED BY YOU. IF ADDITIONAL SPACE IS NEEDED, USE ANOTHER RESUME FORM OR LEGAL SIZE SHEET OF PAPER AND INDICATE "CONTINUED" AT THE BOTTOM OF YOUR COMMENTS ON THIS PAGE.

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\_\_\_\_\_ Check here if additional pages attached

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