

CERTIFICATE OF COMPETENCY RENEWAL APPLICATION

- 1) Complete application below and return with renewal fee.
- 2) Renewal fee of **\$62.00 PER CATEGORY plus any late fees** paid by cash, check or money order and made payable to the City of Tallahassee.
A late fee of \$62.00 per category shall apply to all renewals received after September 30, 2011.
- 3) All certificates of competency, which have not been renewed for 4 consecutive renewal cycles, shall become null and void.
- 4) Certificates may be placed in an ***"Inactive"*** status per the holders' request with a fee of \$31.00 per year.
- 5) State Registered Contractors are required to have current General Liability and Workers Compensation Insurance.
- 6) Certificate of Competency cards will be returned to the name and address listed below unless otherwise noted. **Cards issued under this cycle shall expire on September 30, 2012.**

Mail Payment To:

*CITY OF TALLAHASSEE
 BUILDING INSPECTION / LICENSING
 300 SOUTH ADAMS STREET, BOX B-28
 TALLAHASSEE, FL. 32301*

For further information or questions, please contact:

Building Inspection Division (850) 891-7050
 Carol Horsey, Licensing (850) 891-7045
 Ann Randolph, Supervisor (850) 891-7083

City of Tallahassee Code of Ordinances Chapter 3 Section 3-235 Division II

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|--|--|---|--|
| <input type="checkbox"/> Master Plumber | <input type="checkbox"/> Mechanical Contractor | <input type="checkbox"/> Master Electrician | <input type="checkbox"/> Alarm System Contractor I |
| <input type="checkbox"/> Journeyman Plumber | <input type="checkbox"/> A/C Contractor, Class A | <input type="checkbox"/> Restricted Master Electrician | <input type="checkbox"/> Alarm System Contractor II |
| <input type="checkbox"/> Journeyman Gas Fitter | <input type="checkbox"/> A/C Contractor, Class B | <input type="checkbox"/> Journeyman Electrician | <input type="checkbox"/> Alarm System Ctr Residential |
| <input type="checkbox"/> Master Gas Fitter | <input type="checkbox"/> A/C Contractor, Class C | <input type="checkbox"/> Lighting Maintenance Specialty | <input type="checkbox"/> Low Voltage Systems Specialty |
| | <input type="checkbox"/> Sheet Metal Contractor | <input type="checkbox"/> Outdoor Sign Specialty | |

Name: _____
Address: _____
City: _____
State, Zip: _____
Email: _____

Home Phone No.: _____
Work Phone No.: _____
Fax No.: _____
 For Office Use Only

Social Security No.: XXX - XXX - ____
City of Tallahassee,
Competency Card No.: _____
Comeptency Card Type: _____
State of Florida,
Registration DBPR No.: _____

Stamp Date Received:

TCA# _____
 TCP# _____