

# Municipal Board of Examiners Inc. of Polk County

<http://www.polkmboe.com/>

Phone: (863) 533-0278  
Email: polkmboe@gmail.com

PO Box 3453  
Winter Haven, FL  
33885-3453

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**All applicants for exam must meet minimum State requirements prior to testing**

Exam Type: \_\_\_\_\_

Reciprocity: County \_\_\_\_\_

Business / Applicant Name: \_\_\_\_\_

Exam Language: English or Espanol (Circle one)

Classification: **Contractors**

- ☐ General
- ☐ Building
- ☐ Residential
- ☐ Plumbing
- ☐ Electrical
- ☐ Low Voltage
- ☐ Burglar
- ☐ Burglar and Fire
- ☐ Air Condition A
- ☐ Air Condition B
- ☐ Mechanical
- ☐ Roofing
- ☐ Swim Pool Residential
- ☐ Swim Pool Unlimited
- ☐ Swim Pool Maint. & Repair
- ☐ Aluminum Erection
- ☐ Other Specialty

**Journeyman**

- \_\_\_\_\_ Electrical
- \_\_\_\_\_ Plumbing
- \_\_\_\_\_ Air Conditioning

**Business & Law**

Anyone applying for a Contractor Competency Card must also pass the Business and Law Exam prior to the card being issued.

TEST PROVIDER:

\_\_\_\_\_  
Prov, Inc.

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Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State ZIP Code

Phone Number: \_\_\_\_\_

**Fees: Application for exam \$50.00. Reciprocity fee Contractors: \$140 & Journeyman's \$50.00. Money Order, Cashier's Check or Certified Check or Paypal, payable to Municipal Board of Examiners Inc. of Polk County.**

**ATTACH NOTARIZED SWORN EXPERIENCE VERIFICATION FORM(S) (FORM ATTACHED) ONE FROM PRESENT EMPLOYER AND ANY ADDITIONAL NEEDED TO SHOW THE AMOUNT OF EXPERIENCE REQUIRED FOR THE TRADE FOR WHICH YOU ARE APPLYING, OR NOTARIZED LETTER ON LETTERHEAD FROM CONTRACTOR(S) OUTLINING THE TYPE OF WORK YOU HAVE DONE. LENGTH OF TIME WORKED (GIVE SPECIFICS AS TO PERFORMANCE AND TIME WORKED.)**

- **SPECIAL SCHOOLING: ATTACH SCHOOL CERTIFICATES, APPRENTICE COMPLETION OR OTHER DOCUMENTS TO SUBSTANTIATE SCHOOLING OR SPECIAL TRAINING**

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NAME OF EMPLOYER \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
ADDRESS OF EMPLOYER \_\_\_\_\_  
JOB TITLE \_\_\_\_\_  
SPECIFIC DUTIES \_\_\_\_\_

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NAME OF EMPLOYER \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
ADDRESS OF EMPLOYER \_\_\_\_\_  
JOB TITLE \_\_\_\_\_  
SPECIFIC DUTIES \_\_\_\_\_

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NAME OF EMPLOYER \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
ADDRESS OF EMPLOYER \_\_\_\_\_  
JOB TITLE \_\_\_\_\_  
SPECIFIC DUTIES \_\_\_\_\_

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USE ADDITIONAL SHEET IF NECESSARY

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: \_\_\_\_\_

NOTARY SIGNATURE: \_\_\_\_\_

PERSONALLY KNOWN ( ) OR TYPE OF ID SHOWN: \_\_\_\_\_

DATE: \_\_\_\_\_

STATE OF \_\_\_\_\_

## EXPERIENCE VERIFICATION FORM

Must be completed by a Florida Licensed Contractor, Architect, Engineer, or a Building Official.

I \_\_\_\_\_ certify that I have direct knowledge of the work experience of \_\_\_\_\_ and that he/she was (is) employed as, or performed work in the following trade category as described below during the following time period:

FROM: \_\_\_\_\_ to \_\_\_\_\_  
Month/Date/Year Month/Date/Year

Employing Agency/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_

Work Performed:

Describe in detail the applicant's duties, including any hands-on supervisory responsibilities:

\_\_\_\_\_  
Printed name of person certifying experience

( ) \_\_\_\_\_  
Phone number

\_\_\_\_\_  
Signature of person certifying experience

\_\_\_\_\_  
License number

State of \_\_\_\_\_ County of \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who is personally known ( ) or type ID shown \_\_\_\_\_ subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Notary Signature & Seal \_\_\_\_\_