

*Municipal Board of Examiners Inc.  
Of Polk County*

[www.polkmbae.com](http://www.polkmbae.com)

Phone (863)533-0278

PO Box 3453

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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: \_\_\_\_\_

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Classification: <b><u>Contractors</u></b>	<b><u>Journeyman</u></b>
_____ General	_____ Electrical
_____ Building	_____ Plumbing
_____ Residential	_____ Air Conditioning
_____ Plumbing	
_____ Electrical	
_____ Low Voltage	
_____ Burglar	
_____ Burglar & Fire	
_____ Air Condition A	
_____ Air Condition B	
_____ Mechanical	
_____ Roofing	
_____ Swim Pool Residential	
_____ Swim Pool Unlimited	
_____ Swim Pool Maintenance & Repair	
_____ Aluminum Erection	
_____ Other Specialty	

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

Name: \_\_\_\_\_

Last

First

Middle Initial

SS Number: \_\_\_\_\_ Total Due: \_\_\_\_\_

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

City

State

Zip Code

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

Have you ever been convicted of a felony? \_\_\_\_\_

Have you ever been found guilty of violating Building Codes? \_\_\_\_\_

Details: \_\_\_\_\_

**Fees: Application for exam \$50.00. Reciprocity fee Contractors: \$140.00 & 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 TWO NOTARIZED SWORN AFFIDAVITS (FORMS ATTACHED) ONE FROM PRESENT EMPLOYER AND ONE FROM PRIOR EMPLOYER, 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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WORK HISTORY FOR PAST SIX YEARS

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 \_\_\_\_\_

USE ADDITIONAL SHEET IF NECESSARY

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

SIGNATURE \_\_\_\_\_

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

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

DATE \_\_\_\_\_

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