

Municipal Board of Examiners Inc. of Polk County

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

Phone (863) 533-0278

PO Box 3453
Winter Haven FL 33885-
3453

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

Exam Type: _____

Reciprocity: County _____

Business / Applicant Name: _____

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.

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**

NAME OF EMPLOYER _____ FROM _____ TO _____

ADDRESS OF EMPLOYER _____

JOB TITLE _____

SPECIFIC DUTIES _____

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ADDRESS OF EMPLOYER _____

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SPECIFIC DUTIES _____

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 _____