

*Municipal Board of Examiners Inc.
Of Polk County*

www.polkmboc.com

Phone (863)533-0278

Fax (863)533-8762

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 & 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 PROVIDERS: CHOOSE ONE

ProV Inc.

Gainesville Independent Testing Service

Email Address: _____

Name: _____

Last

First

Middle Initial

SS Number: _____

Total Due: _____

Mailing 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.

WORK HISTORY FOR PAST SIX YEARS

NAME OF EMPLOYER _____ FROM _____ TO _____

ADDRESS OF EMPLOYER _____

JOB TITLE _____

SPECIFIC DUTIES _____

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ADDRESS OF EMPLOYER _____

JOB TITLE _____

SPECIFIC DUTIES _____

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 _____

EXPERIENCE VERIFICATION FORM

Must be completed by a Florida Licensed Contractor, and Architect or 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 _____

Worked performed _____

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

Years of supervisory experience _____

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 _____