

**PANAMA CITY BEACH**  
**BUILDING AND PLANNING DEPARTMENT**

110 S. Arnold Road, Panama City Beach, FL 32413  
850-233-5100 Fax: 850-233-5049

**REQUIREMENTS FOR COMPETENCY CARD**

1. Letter stating that the exam that was taken was a Proctored Exam, the date the exam was taken and the score of 75 on Both Sections.
2. If the exam was taken over four (4) years past, you must appear before our Examining Board. The Board meets the third Monday of each month at 3 p.m. All paperwork must be submitted complete to the Building Department 20 days prior to the meeting.
3. If the Exam was taken within the last four (4) years, you do not have to appear before the Board, however, the below mentioned items must be completed.
4. If the exam was taken over four (4) years past, we require three (3) notarized letters from contractors (on their letterhead) in your field or ones that you have worked for. Their name and license number must be provided under their signature.
5. Copy of State of Florida license.
6. Workman's Compensation (showing City of Panama City Beach – 116 South Arnold Rd., PCB, FL 32413) as Certificate Holder.
7. Proof of CEU's (Continuing Education Units)
8. Competency Card application must be completed in detail and notarized.
9. Original \$5,000 Surety Bond must be provided.
10. Occupational License.
11. A notarized list of persons who can pull permits under the applicant's license.
12. A \$50 fee (local), \$150 fee (out of county), \$300 fee (out of state) is required at time of issue. Competency Cards are valid for (2) years.

1/16/2015

**APPLICATION FOR REGISTERED CONTRACTOR'S COMPETENCY CARD  
CITY OF PANAMA CITY BEACH  
BUILDING DEPARTMENT  
110 S. ARNOLD ROAD, PANAMA CITY BEACH, FL 32413**

ANSWER ALL QUESTIONS - PLEASE TYPE OR PRINT

PROCTORED BLOCK EXAMINATION \_\_\_\_\_ SCORE \_\_\_\_\_ COUNTY \_\_\_\_\_

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

1. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY /STATE ZIP CODE

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

PROVIDE COPY OF DRIVERS LICENSE

2. PRESENT EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY/STATE ZIPCODE PHONE NO.

EMPLOYMENT DATE: FROM \_\_\_\_\_ TO \_\_\_\_\_

TITLE OR POSITION: \_\_\_\_\_

EDUCATION RECORD:

TRADE SCHOOL OR TECHNICAL SCHOOL. EXPLAIN TYPE, NUMBER OF YEARS, NAME AND LOCATION:

3. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, OTHER THAN A MINOR TRAFFIC VIOLATION: YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_ IF YES, STATE WHERE AND WHAT OFFENSE.

4. LIST ALL COMPETENCY CERTIFICATES ISSUED TO YOU INCLUDING THOSE CURRENT EFFECTIVE AND INDICATE IF SECURED BY SECURED BY EXAMINATION.

TYPE	NUMBER	RECEIVED	ISSUED BY	EXPIRES	BY EXAM?	YES/NO
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5. LIST ALL BUSINESSES, WITH ADDRESSES, THAT YOU HAVE ACTED AS A QUALIFIER AND IN WHICH YOU HAVE HAD AN ACTIVE PART DURING THE PAST FIVE YEARS.

6. HOW MANY YEARS OF PRACTICAL EXPERIENCE HAVE YOU HAD? \_\_\_\_\_

7. LIST BELOW THE NUMBER OF YEARS SERVED AS:

APPRENTICE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

JOURNEYMAN \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

8. EMPLOYMENT RECORD: (Use Separate Sheet if Necessary)  
BEGINNING WITH THE MOST RECENT EMPLOYER, LIST EMPLOYERS, DATES,  
LOCATIONS, POSITION, AND REASONS FOR LEAVING.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. STATE IN DETAIL YOUR EXPERIENCE AND CAPACITY IN WHICH YOU SERVED IN YOUR  
FIELD OF BUSINESS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. HAS YOUR LICENSE EVERY BEEN SUSPENDED OR REVOKED. \_\_\_\_\_  
IF YES, EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER HAD ANY LIENS FILED AGAINST YOUR JOBS? \_\_\_\_\_  
IF YES EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

STATE OF FLORIDA  
COUNTY OF BAY

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)

NOTE:  
IF THE APPLICANT IS ON THE AGENDA AND DOES NOT APPEAR BEFORE THE BOARD FOR THE MEETING, HE SHALL WAIT  
THREE MONTHS BEFORE REAPPEARING.