

**OKALOOSA COUNTY DEPARTMENT OF GROWTH MANAGEMENT
APPLICATION FOR COMPETENCY BOARD APPROVAL**

APPLICANT'S NAME: _____ DOB: ___/___/___

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

WORK PHONE: (____) _____ HOME PHONE: (____) _____

MOBILE PHONE: (____) _____ FAX: (____) _____

EMAIL ADDRESS: _____

TYPE OF TRADE: _____

____ Credit Report for Applicant

____ Work History Affidavit

____ Experience Affidavit for Applicant

____ \$25 fee

Receipt No: _____ Total Paid: _____ Staff Initials _____

____ Have you ever been convicted of a felony?
YES or NO

____ Have you ever been party to an entity that has been in any form of the construction business?
YES or NO

If "yes", please state the name(s) of all entities with which you are or have been associated:

____ Have you ever had a court judgment rendered against you that remains unsatisfied?
YES or NO

____ Have you ever filed for bankruptcy protection in any state?
YES or NO

____ Have you ever lost any license due to failure of the licensee to pay any debt, or failure to abide by the requirements of the license?
YES or NO

If you answer "yes" to any of the above three (3) questions, please attach an explanation.

____ If you have done business in any form of construction or building in any other state, please disclose the state or states in which you were involved:

____ Drivers License

Affidavit of Applicant: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief.

Applicant's Signature

Date Signed

NOTARY STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 20__ By _____

Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____

Notary Signature _____

SEAL:

OFFICE USE ONLY

MEETING DATE: _____

MOTION MADE BY: _____ SECONDED BY: _____

VOTE: _____