

**APPLICATION FOR REGISTRATION INDIAN RIVER COUNTY/CITY OF VERO BEACH
STATE REGISTERED CONTRACTOR**

\$50.00 FEE

DATE: _____

TYPE OF CONTRACTOR: _____

BUSINESS NAME: _____

QUALIFIER NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

QUALIFIER DRIVER'S LICENSE STATE: _____ DL #: _____

QUALIFIER D.O.B.: _____ BUSINESS E-MAIL: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____

BUSINESS MOBILE: _____

The following is **REQUIRED** to be submitted **with this application** in order for us to process the application.

Incomplete Applications will not be processed:

1. **Copy of Florida State Registration & Florida State Qualified Business License.**

2. **Proof of Exam:**

- Mailed directly from Sponsor **or**
- Hand delivered in a sealed and stamped envelope from the sponsor (Unopened) **or**
- Faxed from Sponsor **or**
- Emailed directly from Sponsor

3. **Copy of Business Tax Receipt/Occupational License.**

4. **Certificate of Insurance for:**

- General Liability
- Worker's Compensation or State of Florida - Worker's Compensation Exemption Certification.

Certificate Holder: Indian River County Building Department, 1801 27th Street, Vero Beach, FL 32960

5. **Copy of Qualifiers Valid Driver's License.**

6. **Payment in the amount of \$50.00.** (Cash, Check, Credit Card, or Credit Card Authorization Form by FAX)

I hereby agree to keep the required insurance in force, and to procure a City of Vero Beach or Indian River County Local Business Tax Receipt (Occupational License) prior to opening a place of business within these jurisdictions.

QUALIFIER'S SIGNATURE

QUALIFIER'S PRINTED NAME

STATE OF FLORIDA, COUNTY OF INDIAN RIVER:

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____, by

_____ who: ___ is personally known by me – OR – produced I. D./ Type _____

SEAL:

NOTARY PUBLIC

BUILDING DIVISION
CONTRACTOR LICENSING DEPARTMENT
772-226-1230
FAX #: 772-770-5333



**INDIAN RIVER COUNTY/
CITY OF VERO BEACH**

COMPETENCY CARD PROCEDURES

STATE REGISTERED APPLICANTS:

1. Complete application form for State Registered Applicants.
2. Submit a copy of current Florida State Registration & Qualified Business License (Unless registered as an Individual)
3. Submit original **LETTER OF RECIPROCITY** for Florida Block & Associates exam results (minimum passing grade = 70%) by mail, fax or hand carried in a sealed envelope from your sponsor.
4. Provide Certificate of Insurance for:
 - General Liability
 - Worker's Compensation

Made out to: Indian River County Building Department, 1801 27th Street, Vero Beach, FL 32960

Note: If you're exempt from Worker's Compensation Insurance, please provide proof of exemption.

5. Submit copy of current business tax receipt/occupational license (municipality of business).
6. Submit copy of Valid Driver's License.
7. Submit a \$50 competency card fee. NOTE: Fee is annual; competency cards expire July 31st.

REGISTERED

**THESE DOCUMENTS MAY BE MAILED, DELIVERED OR FAXED.
IF FAXED, PAYMENT CAN BE MADE WITH CHARGE CARD. COMPLETE FORM:
https://ircgov.com/communitydevelopment/Applications/Credit_Card/Application.pdf**

For further information, contact the Contractor License Department by email:

contractorlicensing@ircgov.com

**Board of County Commissioners
Indian River County Building Division**

1801 27th Street, Vero Beach, Florida 32960-3365
Telephone (772) 567-8000



Please complete and fax back to (772) 770-5333

CREDIT CARD AUTHORIZATION

Date: _____

Company Name: _____

TYPE OF PAYMENT:

() Re-inspection Fees (Permit # _____)

() Archive Request Information

() Permit Application

() Competency Card: _____
Company Name

CARD: () Visa () Master Card () Discover Card

Card Number: _____

Verification Number: _____

Expiration Date: _____

Amount Charged: \$ _____

Company Fax Number: _____

Company Telephone Number: _____

I authorize the Indian River County Building Division to charge the above amount to the credit card number provided.

Authorized Signature

Authorized Signer Printed Name

Title