

CERTIFICATE OF COMPETENCY RENEWAL APPLICATION

- 1) Complete application below and return with renewal fee. Please fill out separate application for each competency.
- 2) Renewal fee of \$62.00 PER CATEGORY plus any late fees can be paid electronically through the Online Portal (Checks, Debit or Credit Card). Payments made by cash, check or money order paid in the office are to be made payable to the City of Tallahassee.

A late fee of \$62.00 per category shall apply to all renewals received after September 30, 2021.

- 3) All certificates of competency, which have not been renewed for 4 consecutive renewal cycles, shall become null and void.
- 4) Certificates may be placed in an "*Inactive*" status per the holders' request with a fee of \$31.00 per year. If you prefer to renew your Competency as "*Inactive*" please call our office prior to payment being made at (850)891-7001 opt. 2 then opt. 4. Fees will not be reduced until our office has been notified.
- 5) State Registered Contractors are required to have current General Liability and Workers Compensation Insurance.
- 6) Certificate of Competency cards will be returned to the name and address listed below unless otherwise noted.

Cards issued under this cycle shall expire on September 30, 2022.

Mail Payment To:

CITY OF TALLAHASSEE BUILDING INSPECTION / LICENSING 300 SOUTH ADAMS STREET, BOX B-28 TALLAHASSEE, FL. 32301

For further information or questions, please contact:

Building Inspection Division

(850) 891-7001 option 2

To Make an Online Payment:

https://cwpll.talgov.com/TallahasseePortal

Log in as a Guest Access user

City of Tallahassee Code of Ordinances Chapter 3 Section 3-235 Division II ☐ Master Electrician Alarm System Contractor I ☐ Master Plumber **☐** Mechanical Contractor ☐ Journeyman Plumber A/C Contractor, Class A ☐ Restricted Master Electrician Alarm System Contractor II ☐ A/C Contractor, Class B ☐ Journeyman Electrician Alarm System Ctr Residential ☐ Journeyman Gas Fitter ☐ A/C Contractor, Class C ☐ Lighting Maintenance Specialty Low Voltage Systems Specialty ☐ Master Gas Fitter ☐ Sheet Metal Contractor ☐ Outdoor Sign Specialty Name: Home Phone No.:_____ **Work Phone No.:** _____ Address: City: Fax No.: _____ State, Zip:_____ For Office Use Only **Stamp Date Received:** Mandatory Email:_____ City of Tallahassee, **Competency Card No.: Competency Card Type:** State of Florida, TCP# ____ **Registration DBPR No.:**

Growth Management Department | Building Inspection Division | Phone: (850)891-7001,option 2 | Fax: (850)891-0948 Location: 435 N. Macomb Street Tallahassee, FL 32301 | Mailing: 300 S. Adams Street B-28, Tallahassee, FL 32301