

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

\$50.00 FEE

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

TYPE OF CONTRACTOR: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

QUALIFIER NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

QUALIFIER DL#: \_\_\_\_\_ QUALIFIER D.O.B. \_\_\_\_\_

BUSINESS FAX: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

BUSINESS E-MAIL: \_\_\_\_\_ CELL#: \_\_\_\_\_

The following is required to be submitted along with this application:

1. Copy of FL State Registration & FL State Qualified Business License
2. Proof of Florida Block & Associates Exam from Sponsor
3. Copy of Business Tax Receipt/Occupational License
4. Certificate of Insurance for:
  - General Liability
  - Worker's Compensation

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

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

5. Copy of Qualifiers Driver's License
6. Payment in the amount of \$50.00

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.

\_\_\_\_\_  
QUALIFIERS SIGNATURE

\_\_\_\_\_  
QUALIFIERS 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 OF IDENTIFICATION)

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

SEAL:



BUILDING DIVISION  
CONTRACTOR LICENSING DEPARTMENT  
772-226-1260  
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 copy of current Florida State Registration & Qualified Business License (unless registered as 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 27<sup>th</sup> 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 Drivers License.
7. Submit a \$50 competency card fee. NOTE: Fee is annual, competency cards expire July 31<sup>st</sup>.

**REGISTERED**

**THESE DOCUMENTS MAY BE MAILED, DELIVERED OR FAXED.  
IF FAXED, PAYMENT CAN BE MADE WITH CHARGE CARD. COMPLETE FORM:**  
[http://www.ircedd.com/Applications/Credit\\_Card/Application.pdf](http://www.ircedd.com/Applications/Credit_Card/Application.pdf)

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

[contractorlicensing@ircgov.com](mailto:contractorlicensing@ircgov.com)