

**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 27<sup>th</sup> 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 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 Valid Driver's 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.irccdd.com/Applications/Credit\\_Card/Application.pdf](http://www.irccdd.com/Applications/Credit_Card/Application.pdf)

For further information, contact the Contractor License Department by email:  
[contractorlicensing@ircgov.com](mailto:contractorlicensing@ircgov.com)

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

1801 27<sup>th</sup> 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