Alabama Department of Labor
Inspections Division
649 Monroe Street
Montgomery, Alabama 36131
Office 334-956-7404 Fax 334-956-7405

Kay Ivey
Governor

Fitzgerald Washington
Secretary of Labor

APPLICATION FOR CERTIFICATE OF COMPETENCY

Name: _____ _____ _____
Last First Middle

Residence Address: _____ _____ _____ _____
Street City State Zip

Phone No._____ Social Security No. _____
(required by Federal/State law for initial application/not required for renewal)

Are you a US Citizen? Yes_____ No _____

If Yes, provide a copy of driver's license or other acceptable proof of US citizenship.

If No, provide acceptable documentation from the US Government with this application.

For a list of acceptable documentation please visit our website at:
http://labor.alabama.gov/docs/law/Inspections_AcceptableFormsofIdentification.pdf

National Board Commission Number_____ Endorsements _____
(please attach a copy of NB commission) (if any)

Employed by: _____

Address: _____City_____St_____Zip_____

Employer Contact Information _____ _____
Name Phone Number

By the signature below, applicant certifies the above information is correct and further agrees to abide by the Alabama law and rules and all other standards applicable to the Certificate of Competency.

Signed: _____ Date:_____

Department of Labor office use only

Application approved by: _____ Date: _____

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