



## 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 **\$78.43 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 \$78.43 per category shall apply to all renewals received after September 30, 2026.**
- 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 \$39.22 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, 2027.**

### 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://cwpl.talgov.com/TallahasseePortal>

Log in as a **Guest Access** user

### City of Tallahassee Code of Ordinances Chapter 3 Section 3-235 Division II

- |                                                |                                                  |                                                         |                                                       |
|------------------------------------------------|--------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Master Plumber        | <input type="checkbox"/> Mechanical Contractor   | <input type="checkbox"/> Master Electrician             | <input type="checkbox"/>                              |
| <input type="checkbox"/> Journeyman Plumber    | <input type="checkbox"/> A/C Contractor, Class A | <input type="checkbox"/> Restricted Master Electrician  | <input type="checkbox"/> Alarm System Contractor I    |
|                                                | <input type="checkbox"/> A/C Contractor, Class B | <input type="checkbox"/> Journeyman Electrician         | <input type="checkbox"/> Alarm System Contractor II   |
| <input type="checkbox"/> Journeyman Gas Fitter | <input type="checkbox"/> A/C Contractor, Class C | <input type="checkbox"/> Lighting Maintenance Specialty | <input type="checkbox"/> Alarm System Ctr Residential |
| <input type="checkbox"/> Master Gas Fitter     | <input type="checkbox"/> Sheet Metal Contractor  | <input type="checkbox"/> Outdoor Sign Specialty         | Low Voltage Systems Specialty                         |

Name: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

City: \_\_\_\_\_

Fax No.: \_\_\_\_\_

State, Zip: \_\_\_\_\_

For Office Use Only

**Mandatory Email:** \_\_\_\_\_

City of Tallahassee,  
Competency Card No.: \_\_\_\_\_

Competency Card Type: \_\_\_\_\_

State of Florida,  
Registration DBPR No.: \_\_\_\_\_

Stamp Date Received:

TCA# \_\_\_\_\_

TCP# \_\_\_\_\_