



Alabama Department of Labor
Inspections Division
649 Monroe Street
Montgomery, Alabama 36131
Office 334-353-3323 Fax 334-353-4528

Robert Bentley
Governor
Fitzgerald Washington
Commissioner

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: _____