Alabama Department of Workforce

Inspections Division

649 Monroe Street
Montgomery, AL 36131
Office 334-956-7404 inspection.reports@labor.alabama.gov

Kay Ivey
Governor

Greg J. Reed
Secretary of
Workforce

Application For Certificate of Competency

Applicant

Applicants Name _____
Residence Address _____
City _____ State_____ Zip_____ Phone_____
Email Address _____

Applicant SS # _____(Required by Federal/State law for new license, not required for renewal)
Are you a US Citizen? Yes ____ (If yes, provide copy of valid driver's license or other acceptable form of identification.)
No _____ (If no, provide acceptable documentation from the US Government with this application. For a list of acceptable identification, you can visit: https://labor.alabama.gov/docs/law/Inspections_AcceptableFormsofIdentification.pdf.

National Board Commission Number _____ Endorsements _____
(Please attach a copy of NB Commission Card)

Employer

Employers Name _____
Address _____
City _____ State _____ Zip _____

Supervisor Contact Information

Name _____
Phone _____ Email Address _____

By the signature below, the applicant certifies the above information is correct and further agrees to abide by the Alabama Statute, Alabama Administrative Rules and Regulations, NBIC, CSD-1, ASME and all other standards applicable to the Certificate of Competency.

Signature: _____ Date: _____

For Official Use Only

Approved by: _____ Date: _____