



Alabama Department of Workforce

Inspections Division

50 N. Ripley Street

Montgomery, AL 36130

Office 334-956-7404 inspection.reports@workforce.alabama.gov

Kay Ivey
Governor

Greg J. Reed
Secretary of
Workforce

Application For Certificate of Competency

Please include \$100 Application Fee

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: _____