Broward County Board of Rules and Appeals

Certification for Mechanical Inspector

For the Building Department of: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

All applicants shall sign the attached affidavit to ensure compliance with Chapter 71-575, Paragraph 4(b), Laws of Florida. (BORA Policy #14-02, Effective March 17, 2025)

Please mark in each corresponding box to indicate compliance with appropriate Code Sections:

104.13.3 Certification of the Mechanical Inspector. To be eligible for appointment as a Mechanical Inspector, such person shall be certified as required by the BCAIB as a Mechanical Inspector. Engineers are exempt from BCAIB certification.

104.13.3.1 Such person shall be certified by BORA and shall meet at least one of the following qualifications:

☐ **104.13.3.1.1** An Engineer in the discipline requested.

☐ **104.13.3.1.2** Five (5) years construction experience in the mechanical discipline in a supervisory capacity and possess a Certificate of Competency as a Master Mechanical or Mechanical Contractor or Class "A" Air Conditioning Contractor or Class "B" Air Conditioning Contractor.

☐ **104.13.3.1.3** Five (5) years construction experience in the mechanical discipline and five (5) years' experience as a Mechanical Inspector certified by BCAIB and possess a Certificate of Competency as a Master Mechanical or Mechanical Contractor or Class "A" Air Conditioning Contractor or Class "B" Air Conditioning Contractor.

☐ **104.13.3.1.4** Seven (7) years construction experience in the mechanical discipline and possess a Certificate of Competency as a Journeyman Mechanical.

☐ **104.13.3.1.5** Ten (10) years' experience as a Mechanical Inspector certified by BCAIB. A person with multi-discipline certifications can only be certified in one discipline. A person certified under this section is exempt from Section 104.13.3.2.

104.13.3.2 Each of the applicants shall possess a current Certificate of Competency or a Professional License in the discipline requested as a Master Mechanical or Mechanical Contractor or Class "A" Air Conditioning Contractor or Class "B" Air Conditioning Contractor or Journeyman Mechanical or Engineer issued by at least one of the following entities:

- **A.** Florida Construction Industry Licensing Board
- **B.** Broward County Central Examining Board of Mechanical Contractors and Specialty Mechanical Contractors
- **C.** Miami-Dade County Construction Trades Qualifying Board
- **D.** Florida Board of Professional Engineers

104.13.3.2.1 Individuals holding licenses as a Class "B" Air Conditioning Contractor, with a current Certificate of Competency issued by the above-mentioned Boards, shall have duties limited to the inspection of air conditioning and mechanical work within the scope of his or her Certificate of Competency.

104.13.3.3 An applicant for Certification as a Mechanical Inspector under the provisions of this Section who is a graduate from an accredited school holding a Bachelor or an Associate of Science Degree in Mechanical Engineering may be credited for two (2) years for a Bachelor Degree or one (1) year for an Associate Degree towards the combined experience requirements. This credit is not applicable towards the requirements under Section 104.13.3.1.1.

Broward County Board of Rules and Appeals

Note: All applications shall include the required information listed below, failure to include these items may result in a rejection of this application.

☐ 1. This application is to be signed by the Building Official, Chief Executive Officer, Human Resources Director, or other duly authorized representative. For Building Official or Assistant Building Official, the CEO (City Manager, Acting City Manager or Mayor) shall sign.

☐ 2. Provide a clear copy of a current photo ID.

☐ 3. Provide a copy of all Florida State certifications and/or provisional licenses for each BCAIB certification, also copies of appropriate Certificate of Competency.

☐ 4. Provide detailed résumé of experience and licensure.

☐ 5. Provide verifiable evidence of employment such as, IRS forms, tax returns, W-2 forms or notarized written statements (affidavit) including contact information attesting to employment from former employers, partners, or design professionals knowledgeable of the applicant professional or trade experience.

☐ 6. **OPEN PERMIT AFFIDAVIT:** At the time the applicant submits an application for certification to BORA, all free enterprise within Broward County shall cease. The applicant is required to provide a notarized affidavit including a detailed list of all open and ongoing projects currently under construction which will include information such as the municipality they are located within, the existing permit number, and the time frame in which the project will be completed. This time frame shall not exceed a six-month period from the time the application for certification was submitted to BORA. If no open permits exist, provide a notarized affidavit stating such. Please see BORA Policy #18-02 for all specific requirements of open permits.

******BORA staff is authorized to request additional information to verify employment and/or experience******

Note: A 120-day temporary staff approval will be issued to a qualified applicant after his/her application for a Provisional License has been accepted by DBPR. A certification card will be mailed to the endorsing Building Official after the applicant has received his/her Standard License from DBPR and approved by the Board of Rules and Appeals.

Please list below all jurisdictions and positions of Building Official, Assistant Building Official and/or Chiefs for which you are currently serving.

Jurisdiction _____ ☐ B.O. ☐ A.B.O. ☐ Chief (Discipline) _____

Jurisdiction _____ ☐ B.O. ☐ A.B.O. ☐ Chief (Discipline) _____

Jurisdiction _____ ☐ B.O. ☐ A.B.O. ☐ Chief (Discipline) _____

The undersigned submitting this application for certification, indicates compliance and vouches for the truth and accuracy of all statements and answers herein contained by affixing his/her signature below.

_____ X _____

Type/Print Name of Applicant — Signature of Applicant

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20_____ by

_____ X _____

Type/Print or Stamp Notary's Name — Notary's Signature as to Applicant's Signature

Personally Known ☐ Produced Identification ☐

Type of Identification Produced _____

The undersigned attest for the truth and accuracy of all statements and answers herein contained by affixing his/her signature below.

_____ X _____

Type/Print Name of Building Official, Chief Executive Officer, Human Resources Director or other duly authorized representative — Signature of Building Official, Chief Executive Officer, Human Resources Director or other duly authorized representative

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20_____ by

_____ X _____

Type/Print or Stamp Notary's Name — Notary's Signature as to Applicant's Signature

Personally Known ☐ Produced Identification ☐

Type of Identification Produced _____

Approved by BORA on the _____ day of _____, 20_____.

Board Policy #14-02

Revised: 03/17/2025
Adopted: 05/09/2014

Policy/Affidavit to Ensure Compliance with Chapter 71-575, Section 4(b), Laws of Florida

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NOTICE

All applicants for certification or recertification must execute the following statement and have the same notarized by a duly authorized notary. Failure to execute and have this statement notarized will prevent the certification or re-certification process from proceeding to completion.

THE UNDERSIGNED HEREBY VOLUNTARILY AND KNOWINGLY STATES AS FOLLOWS:
The undersigned has read Chapter 71-575, Section 4(b), Laws of Florida, and has had the opportunity to have the same reviewed and explained by legal counsel. Undersigned understands the terms of same and that their Certificate of Competency shall not be used to engage in free enterprise within Broward County, thereby competing against persons or firms that may do business within Broward County whose work they may also inspect, nor may they allow their Certificate of Competency to be used by another person or firm. This includes any activity, such as, but not limited to, bidding, contracting, code consulting, design, employment, plan review, special building inspections, etc. The undersigned applying for certification or recertification, affirms compliance with the aforementioned Code Section, and vouches for the truth and accuracy of all statements and answers herein by affixing their signature below. The undersigned agrees that failure to comply with the requirements of Chapter 71-575 shall be considered a material breach of the terms of certification and may result in decertification/denial of certification.

_____
Printed Name and Signature of Applicant

State of Florida

SS |

County of Broward

On the _____ day of _____, 20___, personally appeared before me the above-named individual who signed the foregoing instrument declaring same to be true to his knowledge and belief.

Notary-Public: _____
(Printed Name and Signature of Notary Public, State of Florida)

(NOTARY SEAL)

Personally Known ☐ or Produced Identification ☐

Type of Identification Produced _____

Broward County Board of Rules and Appeals
Voluntary Open Permit Affidavit

Certification Application Date _____

** Per Florida Statute 71-575 (4)b, commencing with the time of application submission, provide the 180-day period from the time that the application for certification was submitted to the Broward County Board of Rules and Appeals:* _____

Please list all active and/or inactive permits under construction:

If this is not applicable, please check this box. ☐

EXISTING PERMIT NUMBER	MUNICIPALITY	ESTIMATED DATE OF COMPLETION

***** If this 180-day time frame is required to be extended, a written request shall be submitted to the Director of the Broward County Board of Rules and Appeals no later than 30 days prior to the expiration of the 180-day period.

This affidavit must be notarized regardless of open permit status.

X _____ **X** _____
Type/Print Applicant Name Signature of Applicant

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of _____ physical presence or _____ online notarization, this

_____ day of _____, 20 _____ by

X _____ **X** _____
Type/Print or Stamp Notary's Name Notary's Signature as to Applicant's Signature

Personally Known _____ Produced Identification _____

Type of Identification Produced _____