



**CITY OF MOBILE  
URBAN DEVELOPMENT DEPARTMENT  
APPLICATION FOR RENEWAL OF CERTIFICATE OF COMPETENCY  
CARD**

<b>For Office Use Only: Date:</b> _____		
<b>Certificate number:</b> _____	<b>Level of Competency:</b> _____	
<b>Fee:</b> _____	<b>Method of Payment: Cash</b>	<b>Check (number)</b> _____

**PLEASE PRINT**

Name: \_\_\_\_\_  
(First) (Last)

Street Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employed by: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

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