



**Florida Department of  
Health in Volusia County**

# **Irrigation Contractor Packet**

**January 2023**

## **Florida Department of Health in Volusia County Irrigation Contractor Packet**

The application fee of \$25.00 must accompany this application. This fee is NOT refundable and non-transferable after the application has been entered into our records. All checks should be made payable to "Florida Department of Health in Volusia County".

Florida Department of Health in Volusia County  
Environmental Health  
Irrigation Contractor Licensing Division  
717 W. Canal Street  
New Smyrna Beach , FL 32168  
386-624-0483

Please read carefully the following requirements and qualifications to receive an Irrigation Contractor Competency Card from the Florida Department of Health in Volusia County.

*Testing:* The applicant shall submit to a written examination which shall be prepared, graded and proctored by [ProV](#), to test the qualifications of the applicant to perform the installation and repair of **pumps**, pumping equipment and irrigation systems in Volusia County. In order to be eligible for certification, the applicant shall obtain a passing grade of 75% or higher on the required examination and a passing grade of 75% or higher on the two hour Business and Law examination

*Application:* A completed application form for certificate of competency shall be submitted to the Florida Department of Health in Volusia County on the Department's approved form.

*Experience:* The applicant must demonstrate a minimum of two (2) years of experience in the installation and repair of pumps and irrigation systems gained through working with a licensed pump and irrigation contractor, well driller or plumbing contractor.

*Insurance:* Proof of valid general liability and property damage insurance and worker's compensation or exemption must be submitted to this Department prior to issuance of the certificate of competency. A minimum of one hundred thousand (\$100,000.00) property damage coverage and twenty five thousand (\$25,000.00) general liability insurance coverage must be demonstrated. The "Certificate Holder" must state the Florida Department of Health in Volusia County.

*Continuing Education Units:* Twelve continuing education credits must be completed biennially to maintain the validity of a certificate of competency. Continuing education courses must be approved by the Department to be eligible for credit.

*Duration of Certificates:* All certificates of competency issued provided herein, are biennial certificates and will expire on September 30 of odd numbered years. Certificates may be renewed for the ensuing two year term without written examination through September of an odd numbered year, upon proper and timely application to the Department. A photocopy of all insurances listed above must accompany the renewal application. Proof of Continuing Education Units must also accompany the renewal application.

*Completion:* Upon successful completion of the ProV Exam, and other required application information, the applicant will be issued a competency card to perform irrigation contracting work in Volusia County.



Florida Department of Health in Volusia County  
Application for Irrigation Contractor Competency Card

Non-refundable application fee: \$25

**PLEASE PRINT OR TYPE:**

NAME \_\_\_\_\_

COMPANY (optional) \_\_\_\_\_

RESIDENCE \_\_\_\_\_  
Street name City State Zip

MAILING ADDRESS \_\_\_\_\_  
Street name City State Zip

RESIDENCE PHONE NO ( ) \_\_\_- \_\_\_- \_\_\_ D.O.B \_\_\_/\_\_\_/\_\_\_ S.S.# \_\_\_- \_\_\_- \_\_\_

CURRENT EMPLOYER \_\_\_\_\_

EMPLOYMENT PHONE NO ( ) \_\_\_- \_\_\_- \_\_\_ FAX#( ) \_\_\_- \_\_\_- \_\_\_

EMAIL ADDRESS: \_\_\_\_\_

If you have pursued any line of study or extension courses, state fully:

Year	Name of School	Course Name	Length of Study or Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you now hold any current/unexpired Certificate of Competency from any city or county in Florida?

No \_\_\_\_\_ Yes \_\_\_\_\_ (if yes, please list:)

Class	City or County	Date Acquired	Block Exam
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**Employment/Experience Record**

Begin with current or most recent (If self-employed, so state)

From	To	Employer Name	Employer Address	Position
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If additional space is needed, please use an additional sheet of paper.

Applicants must submit notarized affidavit(s) from their current and/or former employers attesting to the required minimum two (2) years' experience.

Name three (3) or more recognized individuals practicing in the trade who know your qualifications.

Name	Address	Occupation	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the foregoing statements of experience and all statements therein are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature

State of \_\_\_\_\_, County of \_\_\_\_\_  
Affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_  
who is personally known to me or has produced \_\_\_\_\_ as identification.  
(Type of ID) \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Name of Notary

Notarial Seal

This application will not be considered by the Florida Department of Health in Volusia County unless it is completed in its entirety