



# CITY OF FORT PIERCE

100 NORTH US HWY 1  
FORT PIERCE, FLORIDA 34950  
(772) 467-3065 fax (772) 467-3841

## APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: Board of Examiners of Contractors

Name: Don Bergman	Phone: 772-466-5832
Home Address: 4362 Gator Trace Lane City/Zip Code: Fort Pierce, FL 34982	How long at this address? 17 years
Are you a citizen of the United States?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Occupation: Architect	
Do you own a business that operates within the City of Fort Pierce? If yes, list the address and nature of said business: Don Bergman Architecture LLC 4362 Gator Trace Lane Fort Pierce, FL 34982	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you now or in the future plan to do business with the City of Fort Pierce? If yes, in what capacity? Hopefully doing a new project for the City	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are you employed by a business that is located within the City of Fort Pierce? If yes, state the business and location: Don Bergman Architecture LLC 4362 Gator Trace Lane Fort Pierce, FL 34982	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you have special training or knowledge in the area of: Architecture: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Engineering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Real Estate Brokering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Contracting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Land Development: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Other: Describe your education, background, training and knowledge in the above area(s): Registered Florida Architect Master of Arts in Architecture, University of Florida 1984 Bachelor of Design, University of Florida 1979	
Are you currently a member of a Commission-appointed board/committee? If yes, please specify:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? If yes, what was the nature of the crime(s) you were convicted of:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Referred by: good question!	Applicant Email Address: hobieone@bellsouth.net
Date: 01.22.18	Applicant's Signature <i>Don Bergman</i>

**APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.**  
Please return form to: City Clerk's Office – 100 North US Hwy 1, Fort Pierce, Florida 34950  
fax (772) 467-3841 or via email at lcox@city-ftpierce.com