

Resilient Environment Department

BUILDING CODE DIVISION | CONTRACTOR LICENSING

2307 West Broward Boulevard, Suite 300 • Fort Lauderdale, Florida 33312 • 954-765-4400 • broward.org/building/contractors

Journeyman Certificate of Competency Application Information and Instructions

Experience

To apply for a Journeyman license, you must have experience in the electrical, mechanical or plumbing trade as outlined below:

- **Specialty Electrical Journeyman**: must have at least three years of practical experience in the fire alarm industry, limited energy systems industry (f/k/a low voltage) or solar photovoltaic industry in addition to all State of Florida requirements.
- **Electrical Journeyman; Maintenance Electrician**: must have at least four years practical electrical maintenance experience.
- **Mechanical Journeyman**: must have at least three years of experience in the mechanical field (includes mechanical, insulation or sheet metal).
- **Plumbing Journeyman**: must have at least four years of practical plumbing experience in the plumbing field.

Proof of Experience

You must submit a notarized affidavit to substantiate the required experience by your present or former licensed employer. If you are employed by Broward or Miami-Dade County School Board, you must submit a signed and notarized affidavit, on official letterhead, from a licensed contractor that you worked under for the time you have been employed there. The affidavit must include a statement indicating that the licensed person is an employee of the School Board.

Reciprocity applicants must also submit a notarized affidavit. In addition, some boards may require you to appear before them.

All letters and affidavits must be notarized

- Electrical Journeyman; Maintenance Electricians: must include copies of your last 4 years of W-2 forms.
- Specialty Electrician: must include copies of your last 3 years of W-2 forms.
- Mechanical Journeyman: must include copies of your last 3 years of W-2 forms.
- Plumbing Journeyman: must include copies or your last 4 years W-2 forms.

Photographs

You must include two **passport photos** of yourself taken within the last three months and a clear copy of a valid driver's license or other government issued ID.

Processing Fees

Electrical \$225Mechanical \$225Plumbing \$225

Please make checks payable to: Broward County Board of County Commissioners

All fees are Non-Refundable

Notification

After the Board reviews this application, you will be advised of their decision via letter. Should your application be denied by the Board, this fee will **not** be refunded. However, you may provide additional information requested by the Board and your file will be reconsidered for approval to take the exam at no further cost.

Testing

Once approved, your contact information will be sent to the testing agency. A minimum passing grade of 75% is required.

Answer all questions in full, **please type or print clearly** with sufficient detail to determine if you are qualified to take the examination. If not applicable indicate N/A. Attach additional sheets if necessary.



ATTACH TWO 1^{1/2}" x 1^{1/2}" PHOTOS HERE

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Journeyman Application for Certificate of Competency

| ☐ New License ☐ License by Reciprocity | | | | | | | | | |
|--|---|------------------------|-----------|--------|--|--|--|--|--|
| Journeyman Classification: | | | | | | | | | |
| ☐ Electrical Journeyman ☐ Electrical Journeyman: Fire Alarm Systems ☐ Electrical Journeyman: Limited Energy Systems ☐ Solar Photovoltaic Systems Specialty Journeyman | ☐ Maintenance Electrician☐ Mechanical Journeyman☐ Plumbing Journeyman | cal Journeyman | | | | | | | |
| Notice of Collection of Social Security Numbers for Government Purposes Under the Federal Privacy Act, disclosure of social security numbers is voluntary unless specifically required by federal statute. In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654: and Sections 409.2577 and 409.2598, Florida Statutes, to allow efficient screening of applicants and licenses by a Title IV-D child support agency to assure compliance with child support obligations. Social security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act). | | | | | | | | | |
| Personal Information | | | | | | | | | |
| Last Name | First Name | Middle Initial Suf | | Suffix | | | | | |
| Home Address | City | | State | Zip | | | | | |
| Home Phone | Mobile Phone | Mobile Phone | | | | | | | |
| Email | 1 | | | | | | | | |
| Place of Birth | Date of Birth | Social Security Number | | | | | | | |
| Height Weight | Hair Color | Eye Colo | Eye Color | | | | | | |

| Have | you e | ver: | | | | | | |
|------|--|---|--|--------------------------------|--|--|--|--|
| Yes | No | Been convicted, adjudication withheld, and/or you plead nolo contendere (no contest) to a felony or first degree misdemeanor, including but not limited to the following crimes, dishonesty, fraud, deceit, or lack of integrity in the operation or conduct of the applicant's business, occupation, trade, or for any crime. Please provide official disposition documents from the court of law for any adjudication, conviction, withheld adjudication or nolo contendere. | | | | | | |
| Date | | Location | Charges | Disposition | | | | |
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| | | | | | | | | |
| Yes | No | | | | | | | |
| | | Contracted or done work outside the scope of operation, as set out in the definition of the particular type of contractor for which you are qualifying? | | | | | | |
| | | Abandoned without legal excuse, a construction project or in which you were engaged or under contract as a contractor or subcontractor? | | | | | | |
| | | Diverted Funds or property received for execution or completion of specific construction project or operation, or for a specific purpose, to any other use whatsoever? | | | | | | |
| | | Departed from or disregard | led in any material respect, the plans of the owner or his d | uly authorized representative? | | | | |
| | | Disregarded or violated in the performance of your contracting business, any of the building, safety, health insurance, or workmen's compensation laws of the State of Florida, or the regulations of Broward County? | | | | | | |
| | | Misrepresented any material fact in your application and supporting papers in obtaining a license? | | | | | | |
| | | Failed to fulfill your contractual obligation through inability to pay all creditors for material furnished, work or services performed, in the operation of your business for which you are licensed? | | | | | | |
| | | Aided or abetted an unlicensed person to evade the licensing requirements of Broward County, or allowed your license to be used by an unlicensed person or acted as an agent, partner, or associate of an unlicensed person with the intent to evade the licensing requirements of Broward County? | | | | | | |
| | | Been guilty of any fraudulent act as a contractor or sub-contractor, by which another is substantially injured? | | | | | | |
| | | Filed bankruptcy in busines | ss? | | | | | |
| | If you answered yes to any of the above questions, please explain on a separate sheet of paper | | | | | | | |

| Employment History | | | | | | | |
|---|-----------------------|-------|-----|--|--|--|--|
| List your record of employment, beginning with your most recent employer , to demonstrate your practical and required experience in the construction field. Include any and all businesses that you have owned, operated, managed or you have had an active part in. Please explain any gaps in employment on a separate sheet. If your employment history exceeds the space provided, please provide on an additional sheet and attach to this application. | | | | | | | |
| Employer 1 | | | | | | | |
| Date Hired | End Date | | | | | | |
| Business Name | | | | | | | |
| Business Address | City | State | Zip | | | | |
| Business Phone | Business Mobile Phone | | | | | | |
| Business Email | | | | | | | |
| Last Position Held | | | | | | | |
| Reason for Leaving | | | | | | | |
| Specify Type of Work | | | | | | | |
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| | | | | | | | |
| Employer 2 | | | | | | | |
| Date Hired | End Date | | | | | | |
| Business Name | | | | | | | |
| | | | | | | | |
| Business Address | City | State | Zip | | | | |
| Business Phone | Business Mobile Phone | | | | | | |
| Business Email | | | | | | | |
| Last Position Held | | | | | | | |
| Reason for Leaving | | | | | | | |
| Specify Type of Work | | | | | | | |
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| Education H | istory | | | | | | | |
|------------------------|-------------------------|------------------|-----------------|----------|--|----------|-----------|-------|
| College | | | | | | | | |
| Name | | | | | | | | |
| Address | | | City | | | State | Zip | |
| Degree | | | I | | | <u> </u> | | |
| Trade School | | | | | | | | |
| Name | | | | | | | | |
| Address | | | City | | | State | Zip | |
| Degree/Certification | | | | | | 1 | | |
| High School | | | | | | | | |
| Name | | | | | | | | |
| Address | | | City | | | State | Zip | |
| Degree | | | I | | | <u> </u> | | |
| Certificates of Co | ompetency | | | | | | | |
| Certificate Type | Certificate Number | Date Issued | Date Expires | _ | Place Issued | | Ву Е | xam |
| | | | | | | | ☐ Yes | □ No³ |
| | | | | | | | ☐ Yes | □ No³ |
| | | | | | | | ☐ Yes | □ No³ |
| *If not issued by ex | kam, please explain: | | | | | • | | |
| Are you aware th | nat all answers made | on this applica | ation constitut | e a swo | rn statement by you? | |] Yes | □ No |
| further understar | | County Buildir | ng Code Divisi | on may o | n are true and correct of deny this application bing. | | | |
| Signature | | | | | Date | | | |
| | | NO | OTARY PUBLIC | C | | | | |
| State of Florida |) | | | | | | | |
| County of |) SS) | | | | | | | |
| The foregoing instru | ıment was acknowledg | ed before me thi | s day of | | , 20, by | | | |
| who is personally kr | nown to me, or who has | s produced | | | | | | |
| as identification, and | d who did take an oath. | | | | | | | |
| | | | | | | | | |
| (Seal) | | | | | Notary Public in and for | the Sta | te of Flo | rida |

| Affidavit of Experience | • | | | | | | |
|--|--------------------------------------|--|---|------------------------|-------------------|----------------------|--|
| Provided by: | ☐ Self | Employed \square Empl | oyer No Longer in Busine | ess | | | |
| This is to certify that: | | | | | | | |
| Is/was employed by | | | | | | | |
| Business Address | | | City | | State | Zip | |
| From | | То | | Total Length of Time | | | |
| The specific type of work performed cons | isted of the f | I following: | | | | | |
| | | | | | | | |
| Remarks (if any) | | | | | | | |
| | | | | | | | |
| I am the qualifier for the above | mention | ned firm or corpora | | nt Certificate of C | Compete | ency | |
| Card Number | | | Issued By | | | | |
| Type of Contractor | | | Contact Phone Number | | | | |
| experience and competency, to licenses suspension and revolute Broward County, then I under Specialty Trades will be sent to may have made in this affidate. | cation. I stand a le o my lice | f I am licensed by a etter from the Contr | nother county, state, acting Licensing Boa | or professional ag | gency o Constr | ther than uction and | |
| Signature | | | Da | te | | | |
| | | NOTARY | PUBLIC | | | | |
| State of Florida) | | | | | | | |
|) SS County of) | | | | | | | |
| The foregoing instrument was ackr | owledged | before me this o | day of | , 20, by | | | |
| who is personally known to me, or | who has p | produced | | | | | |
| as identification, and who did take | an oath. | | | | | | |
| (Seal) | | | Notary Public | in and for the State o | of Florida | a | |