



Environmental Protection and Growth Management Department
PERMITTING, LICENSING AND CONSUMER PROTECTION DIVISION

1 N. University Drive, Box 302, Plantation, Florida 33324, 954 765-4400, FAX: 954-765-4574

JOURNEYMAN

BROWARD COUNTY CONTRACTOR LICENSING AND ENFORCEMENT INFORMATION FOR EXAMINATION OR RECIPROCITY

1. To apply for a **Journeyman License** an applicant is required to have experience in the trade of electrical, mechanical or plumbing as shown below.
 - **Specialty Electrical Journeyman** – Experience in the trade of: Fire Alarm System Journeyman or a Limited Energy Systems (f/k/a low voltage) Specialty Journeyman license. The applicant is required to have at least three (3) years of practical experience in the fire alarm and limited energy systems industry and shall meet all State required criteria.
 - **Electrical Journeyman and Maintenance Electricians** must have at least four (4) years practical electrical maintenance experience.
 - **Mechanical Journeyman** – Three (3) years of experience in the mechanical field (includes mechanical, insulation or sheet metal).
 - **Plumbing Journeyman** – Four (4) years of practical plumbing experience in the plumbing field.

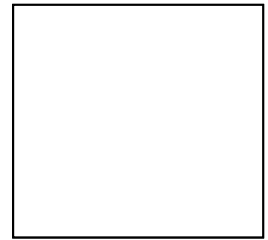
2. **Proof of Experience:** AFFIDAVITS must be submitted to substantiate the required experience by your present or former licensed employer. ****If you are employed by the Broward or Miami-Dade County School Board you must submit a signed and notarized affidavit from a licensed contractor that you worked under for the time you have been employed there, this affidavit must be on School Board letterhead and the notarized statement should reflect that the licensed person is also an employee of the School Board.** (Reciprocity applicants must submit all the same information and some boards may require you to appear before them). **All letters and affidavits must be notarized.**
 - **Electrical Journeyman and Maintenance Electricians** – Must include copies of your last 4 years of W-2 forms.
 - **Specialty Electricians** – 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.

3. 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.

4. All applications must include TWO (2) PASSPORT size photos within the last 3 months of the APPLICANT.

5. **Processing Fees for applications: Electrical - \$115; Mechanical - \$120; Plumbing - \$115.** All fees are **Non-Refundable**. If paying by check, please make payable to: **“Broward County Board of County Commissioners”**.
 - After the Board reviews this application, you will be advised of their decision via letter.
 - Should your application be disapproved by the Board, this fee will **NOT** be refunded, but you may provide the information the board requests and your file will be reconsidered for approval to take the exam at no further charge.
 - Once approved your contact information will be sent to the testing agency who will contact you to schedule your exams or you may call the number provided on your letter.
 - Applicants are required to pass (exam list attached) with the minimum passing grade of 75% (mechanical applicants receiving under 75% but over 70% will be considered for approval of a “marginal grade” by the Mechanical Board on a one on one basis) as listed on the **Application Check-list**.

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**APPLICATION FOR JOURNEYMAN BROWARD COUNTY CERTIFICATE OF COMPETENCY
 (NEW LICENSE OR RECIPROCITY FROM ANOTHER COUNTY)
 (please indicate which classification of journeyman you are applying for)**

- Electrical Journeyman
 Electrical Journeyman – Fire Alarm System
 Electrical Journeyman – Limited Energy System
 Mechanical Journeyman
 Insulation Journeyman
 Sheet Metal Journeyman
 Plumbing Journeyman

Today's date: _____ *Social Security Number _____

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).

Item 1 Personal Information			
Last name:	First name:	Middle Initial:	Suffix:
Phone No.:	Cell No.:		
Home Address:			Apt. No.:
City:	State:	Zip Code:	
E-Mail:			
Place of Birth:		Date of Birth:	
Height:	Weight:	Hair Color:	Eye Color:

Item 2

Have you ever . . .			Yes or No
<p>Been convicted, adjudication withheld, and/or you plead nolo contendere (no contest) <u>to a felony or first degree misdemeanor</u>, 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, or trade. Please provide official disposition documents from the court of law for any adjudication, conviction, withheld adjudication or nolo contendere.</p>			
<u>Date</u>	<u>Location</u>	<u>Charge(s)</u>	<u>Disposition</u>
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 disregarded in any material respect, the plans of the owner or his duly 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 business?			

If you answered yes to any of the above questions, please explain on a separate sheet of paper.

List your employment record beginning with your most recent employer to show your practical and required experience in the construction field. Include all business(es) that you own(ed), operated, or managed, and which you have had an active part. Please explain any gaps in employment on a separate sheet. **If additional employment history is required, please copy this sheet and attach with application.**

Item 3 Employment History		
Dates: From:		To:
Business Name:		
Business Phone No.:		Business Cell No.:
Employer's Address:		
City:	State:	Zip Code:
E-mail:		
Specify Type of Work:		
Last Position Held:		
Reason for Leaving:		

Employment History		
Dates: From:		To:
Business Name:		
Business Phone No.:		Cell No.:
Employer's Address:		
City:	State:	Zip Code:
E-mail:		
Specify Type of Work:		
Last Position Held:		
Reason for Leaving:		

**Item 4
Education Record**

High School	1 2 3 4	Name	Location	Degree
College	1 2 3 4	Name	Location	Degree
Trade School		Name	Location	Degree
Certification				

**Item 5
Certificates of Competency**

Type of Certificate	Certificate Number	Date Issued	Date Expires	Place Issued	By Exam (Yes or No)	By Other (State Other)

Are you aware that all answers made on this application constitute a sworn statement by you? Yes No

I certify that the above information and any attachments to this application are true and correct under penalty of law. I further understand that the Broward County Permitting, Licensing and Consumer Protection Division may deny this application based on my history, failure to disclose information, and/or information that is false or misleading.

Signature of Applicant

Date

NOTARY PUBLIC

State of Florida)
) SS
County of)

The foregoing instrument was acknowledged before me this ____ day of _____, 20__, by _____ who is personally known to me, or who has produced _____ as identification, and who did/did not take an oath.

(Seal)

Notary Public in and for the State of Florida

Affidavit of Experience

Provided by (circle one):			
Employer	Self-employed	Employer no longer in business	
This is to certify that:		Is/was employed by:	
Business Address:		Phone No.:	
City:	State:	Zip Code:	
From:	To:	Total Length of time:	
The specific type of work performed consisted of the following:			
Remarks if any:			

I am the qualifier for the above mentioned firm or corporation and hold current Certificate of Competency	
Card No.:	Issued by:
Type of Contractor:	Contact Phone No.:

By signing this affidavit, I understand that if I am found to be providing false statements related to the applicant's experience and competency, then as a contractor licensed by Broward County I face penalties up to and including licenses suspension and revocation. If I am licensed by another county, state, or professional agency other than Broward County, then I understand a letter from the Contracting Licensing Board for the General Construction and Specialty Trades will be sent to my licensing authority making them aware of any false or misleading statements I may have made in this affidavit.

Print Name: _____ Signature of Contractor _____

NOTARY PUBLIC

State of Florida)
) SS
 County of)

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____ who is personally known to me, or who has produced _____ as identification, and who did/did not take an oath.

(Seal)

 Notary Public in and for the State of Florida

For Office Use Only		
Date Received:	Verified by:	License No.: