Journeyman Application Checklist

- □ Application filled out, signed and notarized.
- \Box Picture (maximum 2" x 2").
- \Box Copy of driver's license.
- Three (3) letters of character reference notarized (not from relatives).
- \Box Application fee (\$50.00).
- Verification of employment under Master or Certified contractor (letters or form must be notarized).

All letters must be original and notarized.



APPLICATION FOR EXAMINATION CONTRACTOR LICENSING 123 W. Indiana Av., Room 203, DeLand, FL 32720 PHONE: 386-736-5957, 248-8158, 424-6828 opt. 2, Fax 386-740-5215

<u>JOURNEYMAN</u> <u>INFORMATION AND INSTRUCTIONS</u> <u>PLEASE READ INSTRUCTIONS THOROUGHLY PRIOR TO COMPLETING YOUR APPLICATION.</u> <u>MAKE PHOTOCOPIES FOR YOUR RECORDS. IF DESIRED.</u>

This complete, **<u>original</u>** application, <u>(no faxes)</u>, and all supporting documentation is to be turned in for review.

All applicants <u>approved</u> for examination will be notified. Applicants must appear for the examination, or may be subject to processing and re-examination fees. If applicant is denied approval to take an examination, that applicant may appeal the decision to the CLCA within 10 days after the date of the decision pursuant to Volusia County Code of Ordinances Chapter 22, Sec. 22-38.

Original applications may be <u>mailed</u> or <u>dropped off</u> at our office between 8:00 a.m. and 5:00 p.m., Monday through Friday. If your application is incomplete we will return it to you.

If you wish to be present when your application is checked for completeness by the certification specialist, you may schedule an appointment to bring it to our office.

Photo:

One (1), clear, recent, close-up picture of applicant, (maximum 2" x 2"). A clear photocopy of your Drivers License.

JOURNEYMAN EXAMINATION EXPERIENCE REQUIREMENTS

Applicant for electrical, plumbing and mechanical journeyman shall submit satisfactory evidence that he has completed the minimum number of years of experience, or a combination of experience and education as follows:

(a) Completion of fourth year in a registered apprenticeship program which includes four years work experience under the direct supervision of a state certified or registered electrician, plumber or mechanical contractor(s); or

(b) Completion of two years attendance in a registered apprenticeship program which includes two years work experience and an additional three years practical work experience under the direct supervision of a state certified or registered electrician, plumber or mechanical contractor(s); or

(c) Six years practical work experience under the direct supervision of a state certified or registered electrician, plumber or mechanical contractor(s).

JOURNEYMAN...... \$ 50.00

- Page 1 2Information & Instructions
- **Page 3** Checklist to verify your application is complete. (You should complete this page to be sure you have a complete application)
- Pages 4 5 <u>Fill in all blanks on pages 4 5 that apply.</u> 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 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers must 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), 104 Pub.L. 193, Sec. 317.
- Page 6Employment History This page must be filled out. Make copies as necessary.
- Page 7This page must be completed by the licensed contractor (officer, personnel dept., etc.
Not acceptable) under whom you gained your experience and the form must be signed
and notarized. The contractor must include his certification number. If the contractor is
out of county or state, he must attach a copy of his <u>Contractor's License</u> and a copy of
his <u>Drivers License</u> for identification purposes.

Alterations of any kind will void the verification form.

The letters must be notarized.

Page 8 Schools & Bookstores List

- Exam Administration -

Once your application for examination is approved, Contractor Licensing will send you a registration form and schedule of exam dates. You will then schedule directly with the testing agency. (An additional fee will be charged by the testing agency.)

<u>Re-exam fee \$25.00</u>. Applicants for any category may take a maximum of six (6) exams in a twelve (12) month period, but no consecutive exams may be taken. You will need to contact Contractor Licensing if you would like to re-test. (An additional re-exam fee will be charged by the testing agency.)

Checklist

The following checklist is for your use. Check each item below as you complete your application. When you have completed the list submit your completed application to contractor licensing.



VOLUSIA COUNTY CONTRACTOR LICENSING

123 W. Indiana Av., Room 203 DeLand, FL 32720 (386)736-5957 248-8158 424-6828 Fax 740-5215

JOURNEYMAN EXAMINATION APPLICATION

The following documents must be submitted with application:

- 1. Type of Examination _
- 2. Application Fee as indicated on page one (1)
 - Make checks payable to **Contractor Licensing**.
- 3. Copy of driver's license
- Three (3) letters of recommendation vouching for the applicant's reputation as to honesty, integrity and good moral character. Letters must be notarized.
 LETTERS MUST BE ORIGINALS. FAXES OR COPIES WILL NOT BE ACCEPTED.

5. Notarized documentation of experience on attached Experience Form.

Attach Recent Photo

DO NOT WRITE IN THIS SPACE

TYPE OF EXAM	TEST DATE	GRADE	RECEIPT #

1.	Name:						
		Last		First	Middle		
2.	Residence Addre	ss:					
		Street #	Street	City	State	Zip	
3.	Mailing Address:						
		Street #	Street	City	State	Zip	
4. Home Phone No.: Daytime Phone No.:							
Employment Phone No.: 0			Cell Phone N	Cell Phone No.:			
	Fax No.:		E	-Mail:			
5.	D.L. #			_ S.S. #			
6.	6. Educational Record: (circle highest grade completed)						
	1234567	8 9 10 11 12	1 2 3 4				
7.	Do you now hold	any current /	unexpired Certi	ficate of Competency	from any city or c	ounty in	
FI	orida?						
N	o	Yes					
Ту	o /pe of Card	City	or County	Date Acquired	Proctored	Exam Y/N	

Total years as Helper:	Total years as licensed J	ourneyman:
Total years or OJT hours in approved	apprenticeship program:	
If you have pursued any line of study of	or extension courses pertaining to y	our trade, state fully:
Other Education (Schools/Degrees): _		
 B. Do you presently have a current cit If yes, where? 	y or county occupational license?	
9. Name three (3) references. <u>Name</u> <u>Address</u>	Occupation	Phone #
10. List your residential addresses for	the past five (5) years:	
	mation contained herein, including al nts, is grounds for disqualification. **	l supplementary pages and
Applicant Signature		
State of Florida County of Volusia		
Affirmed and subscribed before me this	day of , who is personally known to me or ha	-
as identification.	Notary Stamp	
Signature of Notary		
Applicant may be required to provide furth	er information or appear before the Cont Appeals Board.	ractor Licensing & Construction

THIS APPLICATION WILL NOT BE CONSIDERED IF NOT COMPLETED IN ITS ENTIRETY

EMPLOYMENT HISTORY- TO BE COMPLETED BY THE APPLICANT

Present Employer:	Telephone:	
Address:		
Position Held:		
✓ Name and Address of Previous Employer		
Dates of Employment:	Position:	
✓ Name and Address of Previous Employer		
Dates of Employment:	Position:	
✓ Name and Address of Previous Employer		
Dates of Employment:	Position:	
✓ Name and Address of Previous Employer		
Dates of Employment:	Position:	
✓ Name and Address of Previous Employer		
Dates of Employment:	Position:	
✓ Name and Address of Previous Employer		
Dates of Employment:	Position:	
**Make copies of this form as necessary		

VERIFICATION OF CONSTRUCTION EXPERIENCE - AS EMPLOYEE ONLY

(To Be Filled Out by Contractor Under Whom Experience Was Gained)

Complete this form and have it notarized:

Attention contractor: (Out of county/ state contractors must include a copy of their Drivers License and Contractors License)

ALTERATIONS OF ANY KIND WILL VOID THE VERIFICATION FORM.

Date:						
			is/was empl	oyed by		
			-			
		located at _				
	, from		/	to		_/
						year
During the above dates, our records reflect that	the abov	e employee	performed i	n the capa	city of:	
The total time employed in a supervisory capac	city was					
I am the qualifier for the above construction firm						
	, and nor					·
(Signature)						
(Type or print name)						
State of						
County of						
Affirmed and subscribed before me this	da	av of		200) h	W
who	o is perso	Shaliy Khowi	I to me of ha	as produce	а(Тур	be of identification)
as identification.						
(Notary's Signature and Seal)						
(Verification forms must be furnished to substan made.)	tiate the	minimum ex	perience ree	quired in th	ie categor	y for which application is
(Sel	f-verifica	ation will no	ot be accep	ted.)		

SCHOOLS AND BOOKSTORES

Building Trades Education Services	1-800-832-2496
Cam Tech School for Construction	1-800-875-7277
Palm Construction School	1-800-457-7256
Mike Holt Electric	1-800-255-2633
Tom Henry's Electrical	1-800-642-2633
Construction Bookstore	1-800-253-0541
Contractor's Institute	1-800-676-3006
A Professional Book Seller	1-800-572-8878
AAA Construction School	1-904-722-9994
Builders Book Depot	1-602-252-4050
Building Trades Educational Service	1-941-371-0485
Contractors Exam School	1-954-963-5444
Contractor's Library	1-800-571-4777
Florida Exam Bookstore	1-800-277-8877
IT Training Center (Spanish)	1-954-602-2299