

Journeyman Application Checklist

- ☐ Application filled out, signed and notarized.
- ☐ Picture (maximum 2" x 2").
- ☐ Copy of driver's license.
- ☐ Three (3) letters of character reference notarized (not from relatives).
- ☐ 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

JOURNEYMAN

INFORMATION AND INSTRUCTIONS

PLEASE READ INSTRUCTIONS THOROUGHLY PRIOR TO COMPLETING YOUR APPLICATION.
MAKE PHOTOCOPIES FOR YOUR RECORDS, IF DESIRED.

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

All applicants approved 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 mailed or dropped off 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.

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 - 2 Information & 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 Fill in all blanks on pages 4 – 5 that apply. 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 6 Employment History – This page must be filled out. Make copies as necessary.

Page 7 This 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 Contractor's License and a copy of his Drivers License 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.)

Re-exam fee \$25.00. 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.

- | | |
|---|--------------------------|
| ☐ Application Fee | (pg 1) |
| ☐ Picture | (attach to pg 4) |
| ☐ Social Security Number | (pg 4) |
| ☐ Copy of Drivers License | (pg 4) |
| ☐ Notarized Signature | (pg 5) |
| ☐ Employment History | (pg 6) |
| ☐ Employer Experience Verification | (pg 7 notarized) |
| ☐ Schools & Bookstores | (pg 8) |



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
4. 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 Address: _____
Street # Street City State Zip

3. Mailing Address: _____
Street # Street City State Zip

4. Home Phone No.: _____ Daytime Phone No.: _____
Employment Phone No.: _____ Cell Phone No.: _____
Fax No.: _____ E-Mail: _____

5. D.L. # _____ S.S. # _____

6. Educational Record: (circle highest grade completed)

1 2 3 4 5 6 7 8 9 10 11 12

1 2 3 4

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

No _____ Yes _____

Type of Card

City or County

Date Acquired

Proctored Exam Y/N

Total years as Helper: _____ Total years as licensed Journeyman: _____

Total years or OJT hours in approved apprenticeship program: _____ If

you have pursued any line of study or extension courses pertaining to your trade, state fully:

Other Education (Schools/Degrees): _____

8. Do you presently have a current city or county occupational license? 🖱 No 🖱 Yes

If yes, where? _____

Company Name: _____

9. Name three (3) references.

<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Phone #</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. List your residential addresses for the past five (5) years:

***** Any willful falsification of any information contained herein, including all supplementary pages and attachments, is grounds for disqualification. *****

Applicant Signature

State of Florida
County of Volusia

Affirmed and subscribed before me this _____ day of _____, 20____ by
_____, who is personally known to me or has produced _____,
as identification. Notary Stamp

Signature of Notary

Applicant may be required to provide further information or appear before the Contractor Licensing & Construction Appeals Board.

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

APPROVED BY CHIEF BUILDING OFFICIAL _____

DATE _____

EMPLOYMENT HISTORY- TO BE COMPLETED BY THE APPLICANT

Present Employer: _____ Telephone: _____

Address: _____

Position Held: _____ Length of Employment: _____

✓ 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 employed by _____

_____ located at _____

_____, from _____ / _____ to _____ / _____
month year month year

During the above dates, our records reflect that the above employee performed in the capacity of:

The total time employed in a **supervisory** capacity was _____.

I am the qualifier for the above construction firm, and hold a current state or local license # _____.

(Signature)

(Type or print name)

State of _____

County of _____

Affirmed and subscribed before me this _____ day of _____, 200____ by

_____ who is personally known to me or has produced _____,
(Type of identification)

as identification.

(Notary's Signature and Seal)

(Verification forms must be furnished to substantiate the minimum experience required in the category for which application is made.)

(Self-verification will not be accepted.)

**Make copies of this form as necessary

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