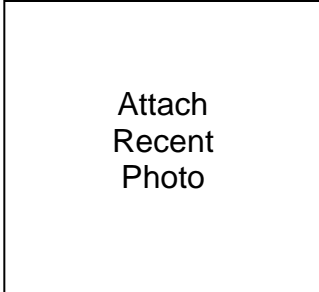


**BREVARD COUNTY
LICENSING REGULATION & ENFORCEMENT
2725 Judge Fran Jamieson Way, Suite #A-105
Viera, FL 32940**

Phone (321) 633-2058 Fax (321) 690-6878 www.brevardcounty.us/licensing

APPLICATION FEES ARE NON-REFUNDABLE

MASTER/JOURNEYMAN EXAMINATION APPLICATION AND FEES



Trade Category (Check one):

JOURNEYMAN

- AIR CONDITIONING\$65.00 ()
- *ELECTRICIAN.....\$65.00 ()
- *PLUMBER.....\$65.00 ()
- ROOFER\$65.00 ()
- SHEETMETAL.....\$65.00 ()

MASTER

- ELECTRICIAN\$110.00 ()
- PLUMBER.....\$110.00 ()

The following document must be submitted with application:

1. **Application fee as indicated above**
 - make checks payable to **Brevard County BOCC,**
2. **Copy of driver's license**
3. **Notarized documentation of experience on attached Experience Form.**
4. **Signed Social Security Number Disclaimer**

1. Name: _____
Last
First
Middle

2. Address: _____
House Number
Street

_____ City State Zip

3. Date of Birth _____ Email _____ Fax No. () _____

4. Home Phone No. () _____ Daytime Phone No () _____

DO NOT WRITE IN THIS SPACE

DATE	CAP ID	PYMT TYPE	INVOICE #	STAFF

Application for Exam

5. U.S. Citizen? YES NO

6. Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

EMPLOYMENT / EDUCATION INFORMATION – 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 _____

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

Application for Exam

SCHOOLING – Provide copies of certificates/diplomas/transcripts

High School _____ No. Yrs attended _____

College _____ No. Yrs attended _____

Apprenticeship School _____ No. Yrs attended _____

I, _____, certify that this information is true and correct to the best of my knowledge and that any willful falsification of any information contained herein is grounds for disqualification.

Signature of Applicant

Date

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me on this _____ day of _____, 20____,

by _____,

Signature of Notary

(Notary Seal)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

EXPERIENCE REQUIREMENTS

ALL JOURNEYMAN APPLICANTS shall provide evidence of four (4) years experience in the trade; however, the Contractors' Licensing Board may reduce said requirement to two (2) years for individuals who show proof of formal education in the applicable trade. An individual who has completed four (4) years (2000 hours OJT per year) of apprenticeship training in the trade and furnishes a certificate as proof of training are considered to have the required experience.

ALL MASTER APPLICANTS shall provide evidence of five (5) years of practical experience in the trade, of which a minimum of three (3) years can be as a journeyman. The Contractors' Licensing Board may consider a person's formal vocational education as practical experience in the trade.

MASTERS ARE NOT CONTRACTORS, CANNOT PULL PERMITS OR OPERATE A BUSINESS

EXPERIENCE MUST BE DOCUMENTED IN WRITING BY YOUR EMPLOYER(S) (PAST OR PRESENT) FOR PROOF OF EXPERIENCE, see attached. More than one experience form may be used or original letters on business letterhead or original notarized letters. The letters must be specific to the type of work that was done and must document the dates of employment. All documents must be originals.

If Experience Documentation is not completed by a certified contractor, the documentation may be completed by authorized personnel who has or had job related direct contact with applicant, i.e., job superintendent or supervisor.

EMPLOYER EXPERIENCE VERIFICATION FORM

This applicant is requesting that you certify as to your knowledge of his experience as your employee by completing this form. The attached form is used in support of the applicant's qualifications. Details and specific information is required. This form becomes the property of Contractor Licensing when it is submitted. Please complete and return to the applicant.

Applicant's Name _____

Classification _____

Address _____

I, _____, License # _____,
Print Contractor/Supervisor's Name Competency

certify that I employ(ed) _____
Applicant

from _____ to _____ and I know of my own
Start Date End Date

direct knowledge that said applicant was employed as follows:

DESCRIBE IN DETAIL

Positions held (include dates): _____

Describe work performed (be specific): _____

Experience Form

Type of buildings, structures, job projects worked on (be specific): _____

Other pertinent information (schools, apprenticeship programs, etc): _____

EXPERIENCE VERIFIED BY:

Print Name: _____ Position / Title: _____

Address: _____

Daytime Phone Number: _____

On this _____ day of _____, 20_____, I certify under penalty of perjury the forgoing is true and correct.

_____, License # _____
Signature of Contractor/Supervisor License Number

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me on this _____ day of _____, 20_____,

by _____,

Signature of Notary (Notary Seal)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

SOCIAL SECURITY NUMBER DISCLAIMER

** "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 are used to allow efficient screening of applicants and licensees 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 occupations license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welform Reform Act), 104 Pub.L. 193, Sec.317."

You must print your name, Social Security Number, date and sign that you have read the disclaimer above:

_____ (Print Name) _____ (Social Security Number)

_____ Date _____
(Sign)

Please cut along dotted line and keep bottom portion of the disclaimer for your records

.....

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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