



Application Instructions for

Journeyman Electrician or Plumber (Certificate of Competency)

Any inquiries regarding the following instructions should be directed to Contractor Licensing.

Email: licensing@HCFLGov.net

Phone: (813) 272-5600

1. WHO MAY FILE FOR JOURNEYMAN ELECTICIAN OR JOURNEYMAN PLUMBER:

There is no State of Florida requirement for anyone to hold a Journeyman Certificate of Competency. This certificate does not permit the holder to perform any work or enter into any contracts on his/her own. The certificate holder must always work under the supervision of a properly licensed Electrical/Plumbing Contractor.

2. APPLICATION FEE AND SUBMITTAL:

A **non-refundable** application fee of **\$150** is required.

Applications should be submitted via email to licensing@HCFLGov.net. Contractor Licensing will review your application for completeness and provide a transaction reference number for payment. With this number, you may then submit payment per the instruction on the credit card payment form provided in this packet.

3. IMPORTANT GUIDELINES FOR APPLICATION SUBMITTAL AND YOUR PROTECTION:

For your protection – do not submit any documents with protected personal information. This includes, but is not limited to, information such as social security numbers, driver's license numbers, bank or credit card account numbers, or any other information which could potentially compromise your identity or credit. Redact or "mark out" any such information prior to sending any documents.

4. REQUIREMENTS FOR EXPERIENCE:

12,000 hours (6 years) as an Apprentice under the supervision of a licensed contractor

OR

8,000 hours (4 years) as an Apprentice **and** 4 year completion of Florida approved apprentice program

5. EXAMINATION:

If you have completed an apprenticeship program recognized by the Florida Department of Education/Department of Labor and Employment Security, you may have already taken the exam. If so, have your exam scores with your application or sent to the county via email prior to applying.

If you have not taken the exam, Contractor Licensing will provide your contact information to a third-party testing agency. The agency will contact you via email and/or phone. All exam scheduling, payments, locations, and instructions will be handled by the testing agency. They will also provide a list of reference materials for the exam. The minimum score required is **75%**. Exams are open book. Verify with the testing agency their policy regarding all rules and procedure.

Consideration for persons qualifying under the American Disabilities Act may be arranged through the testing agency. In order to qualify, the applicant must meet ADA requirements and furnish required documentation from a doctor to the testing agency.



6. RECIPROCITY:

Once obtained, a Journeyman Certificate of Competency is recognized in all jurisdictions throughout the State of Florida. You do not need to reciprocate your license with any other jurisdiction unless specifically required to do so for employment. If required to obtain a license in another jurisdiction you will need to request and pay for a letter of reciprocity to be sent to the receiving jurisdiction.

7. CERTIFICATE REGISTRATION AND FEES:

Upon proof of passing exam, the certificate registration fee is \$70 for a 2 year cycle. The cycle begins on August 31st of odd years. Contractor Licensing can provide an exact fee due when you are ready to register for your license. After passing your exam, it is your responsibility to follow up to obtain your certificate.



Checklist for Application Submittal

ALL ITEMS ARE REQUIRED FOR APPLICATION SUBMITTAL:

- Completed application
- One (1) passport-sized color photograph (to fit in provided space on application form)
- Copies of any Certificates of Completion from any accredited school if you completed a 4 year apprenticeship
- Copy of your test score from approved agency if you have already taken the exam

THE FOLLOWING ITEMS ARE REQUIRED FOR RECIPROCITY APPLICATIONS ONLY (in addition to the above documents):

- If applying for Reciprocity, please have the County/Jurisdiction in which you took your exams send a Letter of Reciprocity prior to application submittal to Hillsborough County.
- If applying for Reciprocity, include a copy of any contractor licenses you hold in another County/Jurisdiction.

Illegible, incomplete, or altered applications will not be accepted.

*****Documents cannot be notarized by family members*****



Application for

Journeyman Electrician or Plumber (Certificate of Competency)

Applicant Information

Date: _____

I am applying for the following:

_____ Journeyman Electrician

_____ Journeyman Plumber



Check this box if you have already taken and passed your exam

*Attach Recent
COLOR
Passport Photo
(Do not staple)*

Full Name: _____
Last First Middle Suffix

Date of Birth: _____

Mailing Address: _____
Street Number and Street Name

City: _____ State: _____ Zip Code: _____

Primary Contact Phone Number: (____) _____ - _____

Email Address: _____



Verification of Construction Experience

Date: _____

Name of Company: _____

Address: _____, _____, _____, _____
Street City State Zip Code

I hereby certify that _____
First Middle Last Suffix

has a total of _____ hours worked as an apprentice in the _____ trade , having performed
Write Electrical OR Plumbing

said work between _____ to _____. (One year of full-time work = 2,000 hours)
MONTH/YEAR MONTH/YEAR

LICENSE HOLDER NAME: _____ LICENSE #: _____

LICENSE HOLDER SIGNATURE: _____ CONTACT PHONE #: _____

State of: _____

County of: _____

Affirmed and subscribed before me by means of physical presence or online notarization, this
_____ day of _____, _____, by _____.
(day) (month) (year) (name of person acknowledging)

Personally Known OR Produced Identification

Type of Identification Produced

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Notary Seal)

(Commission Number)

(Expiration Date)



Attestation Statement of Applicant

Applicant must provide as part of this Application the supplemental information and documentation required on the "Checklist for Application Submittal" for the Licensing Category being requested.

I certify that I am empowered to execute this application and under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.

Applicant's Signature: _____ Date: _____

State of: _____

County of: _____

Affirmed and subscribed before me by means of physical presence or online notarization, this
_____ day of _____, _____, by _____.
(day) (month) (year) (name of person acknowledging)

Personally Known OR Produced Identification

Type of Identification Produced

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Notary Seal)

(Commission Number)

(Expiration Date)



Authorization for Payment by Credit Card

OFFICE USE ONLY	Permit No.	Total \$	Appl. No.	Total \$
	License No. LIC	Total \$	Project ID	Total \$

Complete the following:

Payment For: Building Permit Zoning Application Natural Resources Permit
 Contractor License Site & Sub Application Other _____

Job Site Address _____

City _____, Florida Zip Code _____

Contact Person _____ Phone _____

Type of payment:	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Card number _____	Expiration date _____			
V Code _____	(Last three digits on the back of the card)			
Name (print or type) _____	Name as it appears on the credit card			
Card billing address _____	Address used by credit card company to mail billing statements			
City _____	State _____	Zip _____		
Cardholder signature _____				

All information, including zip code, must be completed or your request will not be processed. **A copy of your application should also be included.** A completed form and signature authorizes Hillsborough County staff to charge fees and/or payments for services or permits as applicable to the cardholder's credit card.

**FOR SECURITY PURPOSES, PLEASE
FAX YOUR CREDIT CARD INFORMATION
TO THE FOLLOWING FAX NUMBER ONLY**

(813)274-6721

PLEASE DO NOT SEND CREDIT CARD INFORMATION VIA E-MAIL