



Journeyman Renewal Application **(Certificate of Competency)**

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

Checklist for Application Submittal

ITEMS NEEDED:

1. Payment Form. Renewal fee is \$70 for a 2 year renewal. Renewal cycle is 08/31/odd years. Late fees will apply if you are not renewing on time.
2. All fields are required to be filled in.
3. Email all items at one time to licensing@hcflgov.net

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

Email: licensing@hcflgov.net
Phone: (813) 272-5600

Personal Information

Journeyman License #: _____

Name: _____
Last First Middle Suffix

Mailing Address: _____
Street Number and Street Name

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____

Primary Contact Email: _____

It is the responsibility of the license holder to ensure all above information is correct and to notify Contractor Licensing of any changes.

I certify that I am empowered to execute this application and under penalty 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.

License Holder/Agent Signature: _____



Authorization for Payment by Credit Card

The Center for Development Services, Building & Construction Services

OFFICE USE ONLY	Permit No.	Total \$
	License No.	Fee \$

Complete the following:

Type of payment: VISA MasterCard Discover 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 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 your credit card security, fax your credit card information to the following number.

Fax Number

Contractor Licensing 813-635-7367

If faxing payment form, you **must** inform Licensing when application is emailed.