



Public Works and Environmental Services Dept.

**BUILDING CODE DIVISION | CONTRACTOR LICENSING**

2307 West Broward Boulevard, Suite 300 • Fort Lauderdale, Florida 33312 • 954-765-4400 • [broward.org/building/contractors](http://broward.org/building/contractors)

## **Journeyman**

### **Certificate of Competency Application Information and Instructions**

### **Experience**

To apply for a Journeyman license, you must have experience in the electrical, mechanical or plumbing trade as outlined below:

- **Specialty Electrical Journeyman:** must have at least three years of practical experience in the fire alarm industry, limited energy systems industry (f/k/a low voltage), solar photovoltaic industry and electrical sign in addition to all State of Florida requirements.
- **Electrical Journeyman:** must have at least four years practical electrical maintenance experience.
- **Mechanical Journeyman:** must have at least three years of experience in the mechanical field (includes mechanical, insulation or sheet metal).
- **Plumbing Journeyman:** must have at least four years of practical plumbing experience in the plumbing field.

### **Proof of Experience**

You must submit a notarized affidavit to substantiate the required experience by your present or former licensed employer. **If you are employed by Broward or Miami-Dade County School Board, you must submit a signed and notarized affidavit, on official letterhead, from a licensed contractor that you worked under for the time you have been employed there.** The affidavit must include a statement indicating that the licensed person is an employee of the School Board.

Reciprocity applicants must also submit a notarized affidavit. In addition, some boards may require you to appear before them.

### **All letters and affidavits must be notarized**

- **Electrical Journeyman:** must include copies of your last 4 years of W-2 forms.
- **Specialty Electrical Journeyman:** must include copies of your last 3 years of W-2 forms.
- **Mechanical Journeyman:** must include copies of your last 3 years of W-2 forms.
- **Plumbing Journeyman:** must include copies or your last 4 years W-2 forms.

## Photographs

You must include two **passport photos** of yourself taken within the last three months and a clear copy of a valid driver's license or other government issued ID.

## Processing Fees

- Electrical      **\$225**
- Mechanical    **\$225**
- Plumbing      **\$225**

Please make checks payable to: ***Broward County Board of County Commissioners***

**All fees are Non-Refundable**

## Notification

After the Board reviews this application, you will be advised of their decision via letter. Should your application be denied by the Board, this fee will **not** be refunded. However, you may provide additional information requested by the Board and your file will be reconsidered for approval to take the exam at no further cost.

## Testing

Once approved, your contact information will be sent to the testing agency. A minimum passing grade of 75% is required.

Answer all questions in full, **please type or print clearly** with sufficient detail to determine if you are qualified to take the examination. If not applicable indicate N/A. Attach additional sheets if necessary.



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ATTACH  
TWO  
1½" x 1½"  
PHOTOS  
HERE

**Journeyman  
Application for Certificate of Competency**

☐ New License    ☐ License by Reciprocity

**Journeyman Classification:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Electrical Journeyman                 | <input type="checkbox"/> Electrical Sign Journeyman | <input type="checkbox"/> Insulation Journeyman  |
| <input type="checkbox"/> Fire Alarm System Journeyman          | <input type="checkbox"/> Mechanical Journeyman      | <input type="checkbox"/> Sheet Metal Journeyman |
| <input type="checkbox"/> Limited Energy Systems Journeyman     | <input type="checkbox"/> Plumbing Journeyman        |   |
| <input type="checkbox"/> Solar Photovoltaic Systems Journeyman |   |   |



**Notice of Collection of Social Security Numbers for Government Purposes**

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 409.2577 and 409.2598, Florida Statutes, to allow efficient screening of applicants and licenses 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 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).

**Personal Information**

Last Name		First Name		Middle Initial	Suffix
Home Address		City		State	Zip
Home Phone		Mobile Phone			
Email					
Place of Birth		Date of Birth		Social Security Number	
Height	Weight	Hair Color		Eye Color	

**Have you ever:****Yes    No**☐☐

Been convicted, adjudication withheld, and/or you plead nolo contendere (no contest) to a felony or first degree misdemeanor, including but not limited to the following crimes, dishonesty, fraud, deceit, or lack of integrity in the operation or conduct of the applicant's business, occupation, trade, **or for any crime**. Please provide official disposition documents from the court of law for any adjudication, conviction, withheld adjudication or nolo contendere.

**Date****Location****Charges****Disposition**


**Yes    No**☐☐

Contracted or done work outside the scope of operation, as set out in the definition of the particular type of contractor for which you are qualifying?

☐☐

Abandoned without legal excuse, a construction project or in which you were engaged or under contract as a contractor or subcontractor?

☐☐

Diverted Funds or property received for execution or completion of specific construction project or operation, or for a specific purpose, to any other use whatsoever?

☐☐

Departed from or disregarded in any material respect, the plans of the owner or his duly authorized representative?

☐☐

Disregarded or violated in the performance of your contracting business, any of the building, safety, health insurance, or workmen's compensation laws of the State of Florida, or the regulations of Broward County?

☐☐

Misrepresented any material fact in your application and supporting papers in obtaining a license?

☐☐

Failed to fulfill your contractual obligation through inability to pay all creditors for material furnished, work or services performed, in the operation of your business for which you are licensed?

☐☐

Aided or abetted an unlicensed person to evade the licensing requirements of Broward County, or allowed your license to be used by an unlicensed person or acted as an agent, partner, or associate of an unlicensed person with the intent to evade the licensing requirements of Broward County?

☐☐

Been guilty of any fraudulent act as a contractor or sub-contractor, by which another is substantially injured?

☐☐

Filed bankruptcy in business?

***If you answered yes to any of the above questions, please explain on a separate sheet of paper***

## Employment History

List your record of employment, **beginning with your most recent employer**, to demonstrate your practical and required experience in the construction field. Include any and all businesses that you have owned, operated, managed or you have had an active part in. Please explain any gaps in employment on a separate sheet. If your employment history exceeds the space provided, please provide on an additional sheet and attach to this application.

### Employer 1

Date Hired	End Date		
Business Name			
Business Address	City	State	Zip
Business Phone	Business Mobile Phone		
Business Email			
Last Position Held			
Reason for Leaving			
Specify Type of Work			

### Employer 2

Date Hired	End Date		
Business Name			
Business Address	City	State	Zip
Business Phone	Business Mobile Phone		
Business Email			
Last Position Held			
Reason for Leaving			
Specify Type of Work			

<b>Education History</b>				
<b>College</b>				
Name				
Address		City	State	Zip
Degree				
<b>Trade School</b>				
Name				
Address		City	State	Zip
Degree/Certification				
<b>High School</b>				
Name				
Address		City	State	Zip
Degree				
<b>Certificates of Competency</b>				
<b>Certificate Type</b>	<b>Certificate Number</b>	<b>Date Issued</b>	<b>Date Expires</b>	<div style="display: flex; justify-content: space-between;"> <div><b>Place Issued</b></div> <div><b>By Exam</b></div> </div>
				<div style="display: flex; justify-content: flex-end; gap: 10px;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No*         </div>
				<div style="display: flex; justify-content: flex-end; gap: 10px;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No*         </div>
				<div style="display: flex; justify-content: flex-end; gap: 10px;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No*         </div>
*If not issued by exam, please explain:				

Are you aware that all answers made on this application constitute a sworn statement by you? ☐ Yes   ☐ No

I certify that the above information and any attachments to this application are true and correct under penalty of law. I further understand that the Broward County Building Code Division may deny this application based on my history, failure to disclose information, and/or information that is false or misleading.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTARY PUBLIC**

State of Florida            )  
                                      ) SS  
County of                    )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me, or who has produced \_\_\_\_\_ as identification, and who did take an oath.

(Seal)

\_\_\_\_\_  
Notary Public in and for the State of Florida

<b>Affidavit of Experience</b>			
Provided by: <input type="checkbox"/> Employer <input type="checkbox"/> Self Employed <input type="checkbox"/> Employer No Longer in Business			
This is to certify that:			
Is/was employed by			
Business Address		City	State    Zip
From	To	Total Length of Time	
The specific type of work performed consisted of the following:			
Remarks (if any)			

I am the qualifier for the above mentioned firm or corporation and hold a current Certificate of Competency

Card Number	Issued By
Type of Contractor	Contact Phone Number

**By signing this affidavit, I understand that if I am found to be providing false statements related to the applicant's experience and competency, then as a contractor licensed by Broward County I face penalties up to and including licenses suspension and revocation. If I am licensed by another county, state, or professional agency other than Broward County, then I understand a letter from the Contracting Licensing Board for the General Construction and Specialty Trades will be sent to my licensing authority making them aware of any false or misleading statements I may have made in this affidavit.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTARY PUBLIC**

State of Florida        )  
                                      ) SS  
County of                )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
who is personally known to me, or who has produced \_\_\_\_\_  
as identification, and who did take an oath.

(Seal)

\_\_\_\_\_  
Notary Public in and for the State of Florida