

CONSTRUCTION INDUSTRY LICENSING BOARD
OF PALM BEACH COUNTY
2300 NORTH JOG ROAD
WEST PALM BEACH, FL 33411-2741
PHONE: 561-233-5525

JOURNEYMAN
CERTIFICATE OF COMPETENCY

GENERAL INFORMATION AND INSTRUCTIONS

PLEASE READ THE FIRST TWO (2) PAGES OF INSTRUCTIONS THOROUGHLY PRIOR TO COMPLETING YOUR APPLICATION.

IF YOUR APPLICATION IS INCOMPLETE IT WILL BE RETURNED.

THIS COMPLETE, **ORIGINAL** APPLICATION, (**NO FAXES**), SHOULD BE IN OUR OFFICE AT LEAST ONE WEEK PRIOR TO THE **1ST** FRIDAY OF THE MONTH (**DEADLINE**) TO BE ON THE AGENDA OF THE REGULARLY SCHEDULED BOARD MEETING.

ORIGINAL APPLICATIONS MAY BE **MAILED** OR **DROPPED OFF** AT OUR OFFICE BETWEEN 7:30 A.M. AND 4:30 P.M., MONDAY THROUGH FRIDAY.

IF YOU WISH TO BE PRESENT WHEN YOUR APPLICATION IS CHECKED FOR COMPLETENESS BY THE CERTIFICATION SPECIALIST, YOU MAY BRING YOUR APPLICATION TO OUR OFFICE BETWEEN **8:00 A.M. AND 11:30 A.M. ONLY.**

AN ORIGINAL, COMPLETE APPLICATION MUST INCLUDE THE FOLLOWING:

1. APPLICATION FORM, **COMPLETE** AND **NOTARIZED.**
2. ONE (1) RECENT PHOTO (MAX. 2" X 2") **AND** A CLEAR PHOTOCOPY OF YOUR DRIVERS LICENSE.
3. RESUME ON FORM ENCLOSED, SIGNED AND NOTARIZED.
4. VERIFICATION OF EXPERIENCE FORMS FROM CERTIFIED FORMER EMPLOYERS - **MUST BE COMPLETED BY THE CERTIFIED CONTRACTOR UNDER WHOM YOU GAINED EXPERIENCE. OUT OF STATE CONTRACTORS MUST INCLUDE A COPY OF THEIR DRIVERS LICENSE AND CONTRACTORS LICENSE.**
5. IF APPLICATION IS FOR RECIPROCITY, FURNISH AN ORIGINAL LETTER OF RECIPROCITY VERIFYING PASSING THE **CILB/PBC APPROVED** EXAMINATION FROM THE AREA IN FLORIDA THAT SPONSORED YOUR ORIGINAL EXAMINATION. MINIMUM GRADE REQUIRED IS **75%**. LETTERS OF RECIPROCITY **MUST** BE MAILED DIRECTLY FROM THE RECIPROCAL AREA TO OUR OFFICE.
6. CASH, CHECK, OR MONEY ORDER PAYABLE TO: **BCC-PALM BEACH COUNTY.**
EXAMINATION OR RECIPROCITY: \$100 APPLICATION FEE (WHICH INCLUDES ISSUING FEE)

JOURNEYMAN EXAMINATIONS ARE THREE (3) HOURS DURATION – OPEN BOOK. ONLY APPROVED REFERENCES MAY BE USED.

RE-EXAMINATION FEE ---- \$25.00. APPLICANTS FOR ANY CATEGORY MAY TAKE A MAXIMUM OF FOUR (4) EXAMINATIONS IN A TWELVE (12) MONTH PERIOD, BUT NO CONSECUTIVE EXAMINATIONS MAY BE TAKEN. **ADDITIONAL TESTING FEES ARE REQUIRED TO BE PAID TO THE TESTING AGENCY.** ALL APPLICANTS MUST APPEAR WHEN EXAMINATION IS SCHEDULED OR PAY PROCESSING AND RE-EXAMINATION FEES DETERMINED BY THE BOARD.

ALL APPLICANTS FOR A JOURNEYMAN CERTIFICATE OF COMPETENCY **MUST** VERIFY A MINIMUM OF FOUR (4) YEARS EXPERIENCE* (SEE GENERAL INFORMATION SHEET) WHILE EMPLOYED BY A LICENSED PLUMBING OR ELECTRICAL CONTRACTOR ON ENCLOSED VERIFICATION OF EXPERIENCE FORMS. W-2 FORMS **WILL NOT BE ACCEPTED** AS VERIFICATION OF EXPERIENCE.

AMERICAN DISABILITIES ACT: IN ACCORDANCE WITH THE AMERICAN DISABILITIES ACT, THIS DOCUMENT MAY BE REQUESTED IN AN ALTERNATE FORMAT.

GENERAL INFORMATION AND INSTRUCTIONS
JOURNEYMAN

PAGE 1 COMPLETE ALL INFORMATION REQUESTED ON PAGE 1.

PAGE 1A IF APPLICATION IS FOR RECIPROCITY, COMPLETE THE ENTIRE PAGE. IF THE APPLICATION IS FOR EXAM, ONLY THE TOP SECTION MUST BE COMPLETED.

PAGE 2 COMPLETE THE RESUME' PORTION ON THE TOP OF PAGE 2 PER THE EXAMPLE.
IF YOU ARE A CERTIFIED JOURNEYMAN IN ANOTHER AREA COMPLETE THE CENTER SECTION.
THE BOTTOM AFFIDAVIT MUST BE COMPLETED AND NOTARIZED.

PAGE 3 SIGN THE RELEASE AT THE TOP OF PAGE 3 AND FORWARD THE FORM TO THE CONTRACTOR UNDER WHOM YOU GAINED YOUR EXPERIENCE, FOR THEM TO COMPLETE.

*****COMPLETION CERTIFICATE FOR APPRENTICESHIP PROGRAM MUST BE SUBMITTED WITH THE APPLICATION.**

***JOURNEYMAN ELECTRICIAN:**

1. GRADUATION FROM A REGISTERED FOUR (4) YEAR APPRENTICESHIP PROGRAM (COPY OF THE APPRENTICESHIP CERTIFICATE) WHICH INCLUDES FOUR (4) YEARS OF WORK EXPERIENCE;

*** OR

2. COMPLETION OF TWO (2) YEARS IN REGISTERED APPRENTICESHIP PROGRAM (COPY OF THE APPRENTICESHIP CERTIFICATE) WHICH INCLUDES TWO (2) YEARS WORK EXPERIENCE AND AN ADDITIONAL THREE (3) YEARS PRACTICAL WORK EXPERIENCE UNDER THE DIRECT SUPERVISION OF A CERTIFIED OR LICENSED CONTRACTOR; *** OR

3. SIX (6) YEARS PRACTICAL WORK EXPERIENCE UNDER THE DIRECT SUPERVISION OF A CERTIFIED OR LICENSED CONTRACTOR.

***JOURNEYMAN PLUMBER:**

1. COMPLETION OF THREE (3) FULL YEARS OF A REGISTERED APPRENTICESHIP PROGRAM (COPY OF THE APPRENTICESHIP CERTIFICATE) WHICH INCLUDES THREE (3) YEARS WORK EXPERIENCE; *** OR

2. FOUR (4) YEARS OF FULL-TIME PRACTICAL WORK EXPERIENCE UNDER THE DIRECT SUPERVISION OF A CERTIFIED OR LICENSED CONTRACTOR.

PLEASE BE ADVISED THAT EXPERIENCE IS SUBJECT TO VERIFICATION BY THE BOARD

Once your application for examination is approved by the Construction Industry Licensing Board, you will be sent a registration form and schedule of exam dates. You will then schedule directly with the approved examination company additional fee will be payable

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OF PALM BEACH COUNTY
2300 NORTH JOG ROAD
WEST PALM BEACH, FL 33411-2741**

ATTACH RECENT PHOTO HERE
2" X 2" (NO BIGGER)
HEAD AND SHOULDER

JOURNEYMAN APPLICATION

PLEASE READ THE GENERAL INFORMATION AND INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION.

APPLICATION FEE MUST ACCOMPANY THIS APPLICATION AND IS REQUIRED TO BE PAID BEFORE APPLICATION IS ACCEPTED. THE APPLICATION FEE IS NOT RETURNABLE AFTER APPLICATION HAS BEEN ENTERED ON THE RECORDS. ALL CHECKS MUST BE MADE PAYABLE TO **BCC - PALM BEACH COUNTY**. APPLICANT AGREES TO AUTHORIZE THE CONSTRUCTION INDUSTRY LICENSING BOARD OF PALM BEACH COUNTY AND ITS AGENTS TO OBTAIN FROM ANY SOURCE DEALING WITH THE APPLICANT, EVEN THOUGH SAID BUSINESS MIGHT BE DEEMED CONFIDENTIAL, SUCH ADDITIONAL INFORMATION CONCERNING APPLICANTS EXPERIENCE AS NECESSARY.

IF AN APPLICANT FOR AN ORIGINAL CERTIFICATE, AFTER HAVING SCHEDULED TO DO SO, DOES NOT APPEAR FOR EXAMINATION WHEN SCHEDULED, THE FEES PAID BY THE APPLICANT SHALL BE EARNED FEES AND THAT APPLICANT WILL NEED TO SECURE ANOTHER AUTHORIZATION FORM BY RE-PAYMENT OF ALL FEES.

PLEASE TYPE OR PRINT ALL INFORMATION

UNDER THE PROVISIONS OF CHAPTER 67-1876, SPECIAL ACTS, LAWS OF FLORIDA, DEFINING, REGULATING, AND GOVERNING CONSTRUCTION WITHIN THE COUNTY OF PALM BEACH, FLORIDA, I HEREBY APPLY FOR A CERTIFICATE TO QUALIFY AS A JOURNEYMAN IN PALM BEACH COUNTY, FLORIDA, UNDER THE CLASSIFICATION INDICATED BELOW:

CHECK ONE JOURNEYMAN PLUMBER JOURNEYMAN ELECTRICIAN

U. S. SOCIAL SECURITY NO. _____

DRIVER'S LICENSE NO. _____

APPLICANTS FULL LEGAL NAME _____
FIRST MIDDLE LAST

HOME ADDRESS _____

PHONE # _____ CELL # _____ FAX # _____

CITY _____ STATE _____ ZIP _____

PLACE OF BIRTH _____ DATE OF BIRTH _____

CITIZEN OF THE UNITED STATES? () YES () NO

EDUCATION: HIGHEST GRADE COMPLETED: _____ YEARS COLLEGE _____ YEARS

CHECK ONE EXAMINATION * RECIPROCITY WITH _____

* **MUST BE TESTED IN PALM BEACH COUNTY**

THIS MUST BE COMPLETED PRIOR TO SUBMISSION OF YOUR APPLICATION

CHECK EACH ITEM BELOW AS YOU COMPLETE YOUR APPLICATION. WHEN YOU HAVE COMPLETED THE LIST, SUBMIT YOUR COMPLETE APPLICATION. IN ADDITION, BE SURE YOU HAVE COMPLETED ANY OTHER INFORMATION THAT MAY BE REQUIRED.

_____ APPLICATION FEE	PAGE 1
_____ PHOTO - ONE (1) FOR EXAMINATION OR RECIPROCITY	PAGE 1
_____ SOCIAL SECURITY NUMBER	PAGE 1
_____ DRIVER'S LICENSE NUMER	PAGE 1
_____ CLEAR PHOTOCOPY OF DRIVERS LICENSE (write License # on Page 1)	
_____ RESUME	PAGE 2
_____ NOTARIZED SIGNATURE	PAGE 2
_____ VERIFICATION OF EXPERIENCE	PAGE 3
_____ COMPLETION CERTIFICATE (IF REQUIRED)	

RECIPROCITY

AN ORIGINAL LETTER OF RECIPROCITY WAS REQUESTED FROM _____ COUNTY
ON _____
(DATE)

TO VERIFY THAT APPLICANT PASSED AN EXAMINATION THAT WAS PREPARED, PROCTORED, AND GRADED BY A CONSTRUCTION INDUSTRY BOARD OF PALM BEACH COUNTY APPROVED EXAMINATION COMPANY, WITH A MINIMUM GRADE OF 75%.

PLEASE CONTACT OUR OFFICE IF YOU NEED INFORMATION ON FLORIDA CITIES AND COUNTIES THAT RECIPROCATATE WITH PALM BEACH COUNTY.

APPLICANT'S RESUME'
MUST BE COMPLETED

LIST **PAST** AND **PRESENT** EMPLOYERS AND THEIR ADDRESSES, DATES EMPLOYED, AND DESCRIPTION OF WORK PERFORMED BY YOU TO **PRESENT DATE**.

(FOR EXAMPLE): SMITH, INC., 129 KINGSTON STREET, SPRINGDALE, FL - DECEMBER 1974 TO JUNE 1979 - TOTAL 51 MONTHS; WAREHOUSEMAN 3 MONTHS, APPRENTICE 48 MONTHS.

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PLEASE COMPLETE IF CERTIFIED IN ANOTHER AREA

I HAVE BEEN A LICENSED JOURNEYMAN _____ IN _____ SINCE _____

(CITY OR COUNTY) (DATE)

I HAVE COMPLETED _____ YEARS IN THE _____ APPRENTICESHIP PROGRAM.
(ENCLOSE A COPY OF COMPLETION CERTIFICATE)

AFFIDAVIT

(MUST BE SIGNED AND NOTARIZED)

TO BE ATTESTED TO BEFORE A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

I HEREBY SWEAR THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT. I ACKNOWLEDGE THAT ANY WILLFUL FALSIFICATION OF ANY INFORMATION HEREIN, INCLUDING ALL SUPPLEMENTARY PAGES AND ATTACHMENTS, IS GROUNDS FOR DISQUALIFICATION. I, (APPLICANT) UNDERSTAND THAT I CANNOT CONTRACT OR ADVERTISE TO CONTRACT AND CAN ONLY PERFORM WORK IN THE TRADES UNDER THE EMPLOYMENT AND SUPERVISION OF A CERTIFIED CONTRACTOR.

STATE OF FLORIDA _____
(SIGNATURE OF APPLICANT)

COUNTY OF _____

SWORN AND SUBSCRIBED TO (OR AFFIRMED BEFORE ME) ON _____ BY _____
(DATE) (PRINT APPLICANTS NAME)

WHO IS PERSONALLY KNOWN TO ME OR HAS PRESENTED _____
(TYPE OF IDENTIFICATION)

(NOTARY PUBLIC SIGNATURE)

(NOTARY PUBLIC PRINT NAME)

VERIFICATION OF ELECTRICAL OR PLUMBING EXPERIENCE (JOURNEYMAN)

THIS FORM **MUST BE COMPLETED AND SIGNED BY THE CERTIFIED CONTRACTOR UNDER WHOM YOU GAINED YOUR EXPERIENCE. OUT OF STATE CONTRACTORS MUST INCLUDE COPY OF DRIVERS LICENSE AND CONTRACTORS LICENSE.**

RELEASE: I HEREBY AUTHORIZE THE RELEASE OF ANY AND ALL INFORMATION PERTAINING TO MY EMPLOYMENT EXPERIENCE TO THE CONSTRUCTION INDUSTRY LICENSING BOARD OF PALM BEACH COUNTY.

SIGNATURE OF APPLICANT

DATE

_____ IS/WAS EMPLOYED AS A

BY _____

LOCATED AT _____

FROM _____ 20 ____ TO _____ 20 ____

WHILE EMPLOYED, THE TOTAL LENGTH OF TIME IN THE FIELD WAS _____ MONTHS.

ADDITIONAL COMMENTS: _____

I AM THE QUALIFIER FOR THE ABOVE CONSTRUCTION FIRM AND HOLD CURRENT CERTIFICATE OF COMPETENCY NO. _____ FROM _____

AS AN _____ CONTRACTOR.

(SIGNATURE)

(TYPE OR PRINT NAME)

STATE OF _____ COUNTY OF _____

SWORN AND SUBSCRIBED TO (OR AFFIRMED) BEFORE ME ON _____ BY _____
(DATE) (TYPE OR PRINT NAME)

WHO IS PERSONALLY KNOWN TO ME OR HAS PRESENTED _____
(TYPE OF IDENTIFICATION)

(NOTARY PUBLIC SIGNATURE)

(NOTARY PUBLIC PRINT NAME)

THIS **FORM MAY BE DUPLICATED.** VERIFICATION FORMS MUST BE FURNISHED TO SUBSTANTIATE EXPERIENCE WHILE EMPLOYED BY AND UNDER THE SUPERVISION OF CERTIFIED PLUMBING OR ELECTRICAL CONTRACTORS.