



## 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](mailto:licensing@HCFLGov.net)

### 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:

This completed application must be uploaded to the HillsGovHub portal following the instructions for creating a Journeyman application.

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

### 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 and will be required to upload the results.

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.

### 7. CERTIFICATE REGISTRATION AND FEES:

Upon proof of passing exam, the certificate registration fee is \$70. **The certification does not expire.**



## Checklist for Application Submittal

**ITEMS REQUIRED FOR UPLOAD WITH APPLICATION SUBMITTAL:**

**Copy of your Certificate of Completion if you completed a 4 year apprenticeship**

**Copy of your test score from approved agency if you have already taken the exam**

**Completed Journeyman Verification of Construction Experience form**

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

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



# Journeyman 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 FLORIDA  
COUNTY OF HILLSBOROUGH**

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.  
(day) (month) (year) (name of person affirming)

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)