

_____ Completed & Signed Prometric Exam Registration Form

_____ Completed & Notarized City of Tallahassee Application for Competency Certificate

_____ Completed & Notarized Affidavit(s) for Trade Experience Verification

(Note: to be completed & signed by current and/or previous employers to verify work experience)

_____ **Check or Money Order** for \$185.00 non-refundable application fee (no cash or credit card accepted)

_____ Return completed packet to Growth Management/City Building Inspection Division

Mailing Address: 300 South Adams Street Box B-28, Tallahassee, FL 32301-1731.

**CITY OF TALLAHASSEE CODE OF ORDINANCES
CHAPTER 3**

DIVISION 2. Section 3-232, Article V, Division 2, of the Tallahassee Code of Ordinances is amended as follows:

Sec. 3-232. Application.

- (a) To obtain a certificate of competency as a journeyman in the city, an applicant shall submit an application in writing to the building official, on forms approved by the building official, requesting to be examined in the category desired.
- (b) No new certificate of competency shall be issued by the committee.
- (c) Any application for a journeyman certificate of competency in mechanical, plumbing, electrical or as a gas fitter may be approved by the building official upon satisfaction of the requirements of this chapter.

Sec. 3-233. Required experience and examination.

- (a) An applicant shall be entitled to take the examination for the purpose of determining whether the applicant is qualified to work as a journeyman if the applicant can show the required number of years experience in the appropriate field under the direct employ of a contractor licensed in the appropriate field. The building official may accept credits for accredited college-level courses in the appropriate field for up to one-fourth of the years of experience required. All junior college or community college-level courses shall be considered accredited college-level courses. Two years of education in the appropriate field at an accredited vocational school may be substituted for one year of practical experience.

Work Experience Requirements & Passing Score Requirements
(work experience must be under the supervision of a licensed contractor)

Specialty	Level	Required Experience	Minimum Test Score
Plumbing	Journeyman	Four (4) Years in the Field of Plumbing	70
Electrical	Journeyman	Four (4) Years in the Field of Electricity	70
Gas (natural)	Journeyman	One (1) Year in the field of Gas	70
Heating, Air Conditioning, Refrigeration and Venting	Journeyman	Four (4) Years in the Field of Air Conditioning	70

Gainesville		Jacksonville		Panama City		Pensacola	
Cutoff	Exam	Cutoff	Exam	Cutoff	Exam	Cutoff	Exam
01/27	02/11	01/20	02/04	01/05	01/21	01/27	02/11
03/30	04/14	02/16	03/03	03/09	03/24	03/31	04/14
06/01	06/16	03/30	04/14	05/04	05/19	06/08	06/23
07/27	08/11	05/17	06/02	07/06	07/21	08/03	08/18
09/28	10/13	06/21	07/07	09/07	09/22	10/05	10/20
11/21	12/08	08/03	08/18	11/02	11/17	11/14	12/01
		09/28	10/13				
		10/19	11/03				
		11/21	12/08				

Deadline to submit to the City of Tallahassee is 15 days before Thomson Prometric cutoff date for the city in which you'll be testing.

The City of Tallahassee charges a \$185.00 processing fee for the exam. Payment can be made in the form of a personal check, cash, money order, or cashier's check. WE DO NOT ACCEPT CREDIT CARDS.

Thomson~Prometric charges an examination fee that must be submitted along with your original application to Thomson~Prometric. Any questions for Prometric call 1-800-280-3926 or visit their website <http://www.prometric.com/Florida/cico/default.htm>

****If you have any questions, please contact Carol Horsey at (850) 891-7045.**

Journeyman Plumber
 Journeyman Electrician
 Journeyman Gas Fitter
 Heating, Air Conditioning, Refrigeration and Venting

A non-refundable processing fee of \$185.00 is due upon receipt of application

Complete the Following Information:

Name: _____ Date Of Birth ____/____/____

Residence Address: _____ City/State/Zip _____

Home Telephone #: _____ Work Telephone #: _____ Fax Telephone #: _____

Answer the Following Questions: “ *If this application is falsified in any manner, the Building Official may reject it. Further, if additional investigation after acceptance of this application indicates falsification, then your Certificate of Competency may be revoked.*”

1. Have you ever been denied a Certificate of Competency by any Board of Examiners? _____

If yes, please explain: _____

2. Have you ever had a Certificate of Competency revoked by any Board of examiners? _____

If yes, please explain: _____

3. List the jurisdictions in which you presently hold a Certificate of Competency. (If you currently hold a State Registrations, indicate below)

Jurisdiction	Certificate Number	Date Received

Work History

Name of Firm Where Presently Employed

Business Address

Employer License Number

Position

Date Started

List of Previous Employment: *“List name and address of employer and your job title. Please note that work experience must have been under the supervision of a licensed contractor in order to count towards eligibility to take the exam. In addition, you will need to provide an affidavit from your listed employers, including your present employer verifying employment dates and duties performed.”*

Name & Address of Previous Employer

Dates Employed

____ Years ____ Months

From: ____ To: ____

____ Years ____ Months

From: ____ To: ____

____ Years ____ Months

From: ____ To: ____

____ Years ____ Months

From: ____ To: ____

____ Years ____ Months

From: ____ To: ____

I attest that the information herein is provided in good faith and is true and correct to the best of my knowledge and belief. If the information is shown to be inaccurate for any reason, I understand that any action taken by the Tallahassee Construction Industry Review Committee in reliance on the inaccurate information may be rescinded.

I, _____ (Please Print) being first duly sworn and attested say that all statements in this application are honest and true to the best of my knowledge and belief.

Signature _____

Date _____

The foregoing instrument was acknowledged before me by _____

Who is personally known to me__ or who has produced _____ as identification and who did not take any oath.

Witness my had and officially seal this ____ day of _____, A.D. 20__

Notary Public State of Florida at Large

My Commission Expires: _____

(seal)

APPLICANT NAME _____ SS#: XXXX-XX-_____
(PRINT OR TYPE FULL NAME) Last 4 digits only

NAME OF EMPLOYER _____

LICENSING AGENT'S NAME _____ LICENSE # _____

ADDRESS _____ CITY _____ ST _____

PHONE # _____ CONTACT PERSON _____

LENGTH OF EMPLOYMENT FROM _____ TO _____
_____ YEARS _____ MONTHS

DESCRIPTION OF DUTIES:

I attest that the information herein is provided in good faith and is true and correct to the best of my knowledge and belief. If the information is shown to be inaccurate for any reason, I understand that any action taken by the Tallahassee Construction Industry Review Committee in reliance on the inaccurate information may be rescinded.

LICENSING AGENT'S SIGNATURE

PRINT NAME AND TITLE

State of Florida, County of Leon

The foregoing instrument was acknowledged before me by _____ who is personally known to me or who has produced _____ as identification and who did not take an oath.

WITNESS my hand and official seal this _____ day of _____ A.D., 20 _____.

Notary Public My Commission Expires: