



**Application for Exam**

5. Social Security No. \_\_\_\_\_

6. U.S. Citizen? YES  NO

7. Height:\_\_\_\_\_ Weight:\_\_\_\_\_ Eye Color:\_\_\_\_\_ Hair Color: \_\_\_\_\_

**EMPLOYMENT / EDUCATION INFORMATION – TO BE COMPLETED BY THE APPLICANT**

Present Employer:\_\_\_\_\_ Telephone:\_\_\_\_\_

Address:\_\_\_\_\_

Position Held: \_\_\_\_\_ Length of Employment:\_\_\_\_\_

✓ Name and Address of Previous Employer

\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position \_\_\_\_\_

✓ Name and Address of Previous Employer

\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position \_\_\_\_\_

✓ Name and Address of Previous Employer

\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position \_\_\_\_\_

Total years as Helper: \_\_\_\_\_ Total years as licensed Journeyman: \_\_\_\_\_

**Application for Exam**

SCHOOLING – Provide copies of certificates/diplomas/transcripts

High School \_\_\_\_\_ No. Yrs attended \_\_\_\_\_

College \_\_\_\_\_ No. Yrs attended \_\_\_\_\_

Apprenticeship School \_\_\_\_\_ No. Yrs attended \_\_\_\_\_

I, \_\_\_\_\_, certify that this information is true and correct to the best of my knowledge and that any willful falsification of any information contained herein is grounds for disqualification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

by \_\_\_\_\_,

\_\_\_\_\_  
Signature of Notary

(Notary Seal)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

## **EXPERIENCE REQUIREMENTS**

ALL JOURNEYMAN APPLICANTS shall provide evidence of four (4) years experience in the trade; however, the Contractors' Licensing Board may reduce said requirement to two (2) years for individuals who show proof of formal education in the applicable trade. An individual who has completed four (4) years (2000 hours OJT per year) of apprenticeship training in the trade and furnishes a certificate as proof of training are considered to have the required experience.

ALL MASTER APPLICANTS shall provide evidence of five (5) years of practical experience in the trade, of which a minimum of three (3) years can be as a journeyman. The Contractors' Licensing Board may consider a person's formal vocational education as practical experience in the trade.

### **MASTERS ARE NOT CONTRACTORS, CANNOT PULL PERMITS OR OPERATE A BUSINESS**

**EXPERIENCE MUST BE DOCUMENTED IN WRITING BY YOUR EMPLOYER(S) (PAST OR PRESENT) FOR PROOF OF EXPERIENCE**, see attached. More than one experience form may be used or original letters on business letterhead or original notarized letters. The letters must be specific to the type of work that was done and must document the dates of employment. All documents must be originals.

If Experience Documentation is not completed by a certified contractor, the documentation may be completed by authorized personnel who has or had job related direct contact with applicant, i.e., job superintendent or supervisor.

# EMPLOYER EXPERIENCE VERIFICATION FORM

This applicant is requesting that you certify as to your knowledge of his experience as your employee by completing this form. The attached form is used in support of the applicant's qualifications. Details and specific information is required. This form becomes the property of Contractor Licensing when it is submitted. Please complete and return to the applicant.

Applicant's Name \_\_\_\_\_

Classification \_\_\_\_\_

Address \_\_\_\_\_

I, \_\_\_\_\_, License # \_\_\_\_\_,  
Print Contractor/Supervisor's Name Competency

certify that I employ(ed) \_\_\_\_\_  
Applicant

from \_\_\_\_\_ to \_\_\_\_\_ and I know of my own  
Start Date End Date

direct knowledge that said applicant was employed as follows:

## **DESCRIBE IN DETAIL**

Positions held (include dates): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe work performed (be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Experience Form**

Type of buildings, structures, job projects worked on (be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other pertinent information (schools, apprenticeship programs, etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EXPERIENCE VERIFIED BY:**

Print Name: \_\_\_\_\_

Position / Title: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, I certify under penalty of perjury the forgoing is true and correct.

\_\_\_\_\_, License # \_\_\_\_\_  
Signature of Contractor/Supervisor License Number

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

by \_\_\_\_\_,

\_\_\_\_\_  
Signature of Notary (Notary Seal)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

## **SCHOOLS AND BOOKSTORES**

Building Trades Education Services	1-800-832-2496
Cam Tech School for Construction	1-800-875-7277
Palm Construction School	1-800-457-7256
Mike Holt Electric	1-800-255-2633
Tom Henry's Electrical	1-800-642-2633
Construction Bookstore	1-800-253-0541
Contractor's Institute	1-800-676-3006
A Professional Book Seller	1-800-572-8878
AAA Construction School	1-904-722-9994
Builders Book Depot	1-602-252-4050
Building Trades Educational Service	1-941-371-0485
Contractors Exam School	1-954-963-5444
Contractor's Library	1-800-571-4777
Florida Exam Bookstore	1-800-277-8877
IT Training Center (Spanish)	1-954-602-2299