



Environmental Protection and Growth Management Department

PERMITTING, LICENSING AND CONSUMER PROTECTION DIVISION

1 N University Drive, Room 302 • Plantation, Florida 33324 • 954-765-4400 • www.broward.org/building

**APPLICATION INFORMATION FOR EXAMINATION OR RECIPROCITY
BROWARD COUNTY CONTRACTOR LICENSING AND ENFORCEMENT
JOURNEYMAN PLUMBER**

1. To apply for a Journeyman Plumber's license an applicant is required to have not less than **FOUR (4) YEARS OF PRACTICAL PLUMBING EXPERIENCE IN THE PLUMBING FIELD.**
 2. **AFFIDAVITS** must be submitted to substantiate the above required experience by your present or former employer. Copies of your **W-2** form must be attached. In the case of self employment, attach copies of your incorporation papers, occupational license, etc. All letters and affidavits must be notarized.
 3. Answer all questions in full, with sufficient detail to determine if you are qualified to take the examination. If not applicable indicate **N/A**. Attach additional sheets if necessary.
 4. All applications must include **TWO (2) RECENT PASSPORT** size photos of the applicant.
 5. Processing Fee: **\$115.00** (non-refundable). If paying by check, make check payable to:
"Broward County Board of County Commissioners"
 - After the Board reviews this application, you will be advised of their decision via letter.
 - Should your application be disapproved by the Board, this fee will **NOT** be refunded.
 - Once approved, your contact information will be sent to the Testing Service, who will contact you to schedule your exams.
 - Applicants are required to pass a Basic, Isometric and Practical Exam with a **minimum passing grade of 75%**.
- Sec. 9-14. Complaints and disciplinary actions**
- (b) **No individual or business organization certified or pending certification under this chapter or any financially responsible officer shall:**
 - (1) **Willfully, deliberately or negligently disregard or violate any provision of the Building Code or any state laws or regulations which directly relate to the practice of contracting or the ability to practice contracting;**
 - (18) **Fail to maintain in full force and effect any insurance required by this chapter or the board;**

§03-5 (Rev. 4/08) BP200834881

Attach
 Two (2)
 1½" x 1½"
 Photos

**APPLICATION FOR EXAMINATION OR RECIPROCITY
 JOURNEYMAN PLUMBER CERTIFICATE OF COMPETENCY**

BROWARD COUNTY CONTRACTOR LICENSING AND ENFORCEMENT

ANSWER ALL QUESTIONS — PLEASE TYPE OR PRINT IN INK

Today's Date _____ *Social Security No. _____

1. Name _____ Phone _____
 Home Address _____ Apt. # _____
 City _____ State _____ Zip _____
 Place of Birth _____ Date of Birth _____
 Height _____ Weight _____ Hair Color _____ Eye Color _____

2. Education Record - Circle Highest Grade Completed:

Grade School 1 2 3 4 5 6 7 8

High School 1 2 3 4 Name _____
 Location _____

College 1 2 3 4 Name _____
 Location _____
 Degree _____

Trade School Name _____
 Location _____
 Certification _____

3. Have you ever been convicted of any crime, other than a minor traffic violation? Yes No

If yes, state where and what offense(s): _____

4. List all current Certificates of Competency you hold, and indicate if secured by examination or by other means. Original issuance date affidavits must be attached to application.

Type of Certificate _____

Certificate # _____ Date Issued _____ Date Expires _____

Place Issued _____ By Exam _____ By Other _____

Type of Certificate _____

Certificate # _____ Date Issued _____ Date Expires _____

Place Issued _____ By Exam _____ By Other _____

Type of Certificate _____

Certificate # _____ Date Issued _____ Date Expires _____

Place Issued _____ By Exam _____ By Other _____

Type of Certificate _____

Certificate # _____ Date Issued _____ Date Expires _____

Place Issued _____ By Exam _____ By Other _____

5. Number of years served as:

• Apprentice Plumber _____

• Journeyman Plumber _____

6. References:

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

7. List your employment record beginning with your most recent employer to show your practical experience in the plumbing field, including all business(es), including addresses, that are/were owned, operated, or managed by you, and which you have had an active part during the past four (4) years:

Dates: From _____ To _____

Employer _____ Phone _____

Address _____ City _____

Specific Type of Work _____

Reason for leaving _____

Dates: From _____ To _____

Employer _____ Phone _____

Address _____ City _____

Specific Type of Work _____

Reason for leaving _____

Dates: From _____ To _____
 Employer _____ Phone _____
 Address _____ City _____
 Specific Type of Work _____

Reason for leaving _____

Dates: From _____ To _____
 Employer _____ Phone _____
 Address _____ City _____
 Specific Type of Work _____

Reason for leaving _____

8. Provide in detail your experience and capacity in which you served in the plumbing business for which you are applying: _____

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

STATE OF FLORIDA)
) SS
 COUNTY OF BROWARD)

(Signature of Applicant)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, as _____ of _____, a _____ corporation/partnership, on behalf of the corporation/partnership. He or she is:
 personally known to me, or
 produced identification. Type of identification produced _____.

(Seal)

NOTARY PUBLIC:

 Print name:

My commission expires:

NOTICE OF COLLECTING SOCIAL SECURITY NUMBERS FOR GOVERNMENT PURPOSES
 The Florida Public Records Law (specifically section 119.07 (5) 2.a., Florida Statutes (2007), provides that Broward County must give you a written statement describing the law under which the County is collecting your Social Security Number. The law may specifically direct the County to collect your Social Security number if the County finds that it is imperative to collect your Social Security Number.
 1. Broward County Building Code Services Division must collect your Social Security Number for the following purpose:
 Conducting background checks relative to application for Certificate of Competency
 And
 2. Broward County Building Code Services Division must collect your Social Security Number in the performance of a duty or responsibility the county must complete in accordance with the Law. While the Law does not specifically provide the County with the authority to collect your Social Security Number, It is imperative that the County collect your Social Security Number for the following purpose described in the Law:
 Conducting background checks relative to application for Certificate of Competency

