

### CITY OF TALLAHASSEE <u>"COMPETENCY CERTIFICATE APPLICATION CHECK-LIST"</u> BY EXAM

## 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)

**EPay:** ACH Check or Credit Card (VISA, MC, AMEX, DISC) for \$185.00 non-refundable application fee (absolutely no cash can be accepted)

 Return completed packet to Growth Management/City Building Inspection Division

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

 Email:
 GrwthMgtSvcCtr@Talgov.com
 Attn: Jasmine Gates

## CITY OF TALLAHASSEE LAND DEVELOPMENT CODE CHAPTER 3

# Article V., Division 2. - Certification is amended as follows:

## Sec. 3-232. Application.

- (a) No new master or contractor certificate of competency shall be issued by the building official.
- (b) 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.
- (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.
- (b) Examinations shall be prepared, administered and graded by an independent testing firm selected by the building official and shall be at dates, times and locations selected and announced by that firm.
- (c) Special examinations may be administered by that firm's policies with the approval of the building official.
- (d) A passing grade on the examination shall be as required for the category of work for which a certificate is sought as herein provided above, except that the building official may reduce the passing grade for the journeyman categories by one point per year, up to a maximum reduction of ten points based on all of the following criteria:
  - The applicant must have taken the required exam at least once after the effective date of Ordinance No. 99-0-0002 (October 1, 1999).
  - (2) The applicant must provide proof of at least one year of practical experience in the trade in which they are seeking certification for each point of grade reduction. Proof shall be in the form of a notarized affidavit from a licensed contractor under which the experience was gained. All practical experience

used to grant points for the reduction of the passing grade must have been submitted as part of the application. The applicant will be notified of the points granted upon approval of the application for exam.

- (3) All practical experience must have been obtained while in the employ of a licensed contractor licensed in the trade for which the certification is being sought.
- (4) Only practical experience obtained beyond the minimum years experience for taking the exam may be used for reducing the required passing grade.
- (5) A certificate of competency as a journeyman obtained using experience points cannot be used to qualify an individual to take the masters exam. To take the masters exam within a trade, the applicant must have scored a minimum of 70 on the required journeyman exam.

### Work Experience Requirements & Passing Score Requirements

(work experience must be under the supervision of a licensed contractor)

Specialty	Level	Required	Minimum Test
		Experience	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
Mechanical (Air Conditioning)	Journeyman	Four (4) Years in the Field of Air Conditioning	70

The City of Tallahassee charges a \$185.00 processing fee for the exam. Payment can be made in the form of EPay: ACH Check or Credit Card (VISA, MC, AMEX, DISC) for \$185.00 non-refundable application fee (absolutely no cash can be accepted)

Prov Charges an examination fee of \$80.00 that must be submitted along with your test registration to

\*\*If you have any questions, please contact our office at (850) 891-7001 opt. 2, then opt. 4

\*\*Any questions for *Prov* call <u>1-866-720-7768</u> or visit their website <u>www.Provexam.com</u>

City of Tallahassee <u>Application for Competency Certificate</u> Growth Management Department/Building Inspection Division Mailing Address: 300 S. Adams Street, City Hall Box B-28, Tallahassee, FL. 32301 Physical Address: 408 N. Adams Street, Tallahassee, FL. 32301

🗌 Journeyman Plumber 🗌 Journeyman Electrician 🗌 Journeyman Gas Fitter 🛛 Journeyman Air Conditioning

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# **Complete the Following Information:**

Name:	Date Of Birth	//
Residence Address:	City/State/Zip	
Home Telephone #:Wo	rk Telephone #:	Fax Telephone #:
<b>Answer the Following Questions:</b> "If this apple additional investigation after acceptance of this a revoked."		nner, the Building Official may reject it. Further, if tion, then your Certificate of Competency may be
1. Have you ever been denied a Certificate of Co	ompetency by any Board of I	Examiners?
If yes, please explain:		
<ol> <li>Have you ever had a Certificate of Competen If yes, please explain:</li> </ol>		
<ol> <li>List the jurisdictions in which you presently h indicate below)</li> </ol>	old a Certificate of Compete	ency.(If you currently hold a State Registrations,
Jurisdiction Certificate Numb	er Date Received	
		_
<ol> <li>Have you ever had a Certificate of Competen If yes, please explain:</li> <li>List the jurisdictions in which you presently h indicate below)</li> </ol>	cy revoked by any Board of o	examiners?

#### Work History

Name of Eime Whene Dresontly Eme	avad	
Name of Firm Where Presently Empl	oyed	
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."

YearsMonths	
YearsMonths        To:To:        YearsMonths        YearsMonths        YearsMonths	
To:         Years Months         Years Years Months	
To:         Years Months         Years Years Months	
To: YearsMonths	
To: YearsMonths	
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. I the information is shown to be inaccurate for any reason, I understand that any action taken by the Building Official in reliance on the inaccurate information may be rescinded.	f
I, (Please Print) being first duly sworn and attested say that all statements in this application are hones and true to the best of my knowledge and belief.	t
Signature Date	
The foregoing instrument was acknowledged before me by	
who is personally known to me or who has producedas identification and who did not take any oath	1.
Witness my had and officially seal this day of, A.D. 20	
My Commission Expires: (seal)	
Notary Public State of Florida at Large	

## AFFIDAVIT FOR TRADE EXPERIENCE VERIFICATION

APPLICANT NAME(PRINT C		SS#:	
(PRINT C	OR TYPE FULL NAME)		
NAME OF EMPLOYER			
LICENSING AGENT'S NAME			
ADDRESS	CITY	S	Γ
PHONE #	CONTACT PERSON		
LENGTH OF EMPLOYMENT	FROMTOTOMONT	ГНЅ	
DESCRIPTION OF DUTIES:			
LENGTH OF TIME AS A FOREMAN R	equired for Master Applicants:	YEARS	MONTHS
I attest that the information herein is put the information is shown to be inaccura Industry Review Committee in reliance	te for any reason, I understand	that any action taken by	
LICENSING AGENT'S SIGNATURE	_	PRINT NAME	AND TITLE
State of Florida, County of Leon			
The foregoing instrument was ackno	wledged before me by	who is person	ally known to me or who has
produced	, as identification and who did	not take an oath.	
WITNESS my hand and official seal this	day ofA.D.,	20	
	My Commission Expires:		
Notary Public			