



**Brevard County Planning and Development  
Development Services**

2725 Judge Fran Jamieson Way, A114

Viera, FL 32940

Phone: 321-633-2187

Email: [Building.Licensing@BrevardFL.gov](mailto:Building.Licensing@BrevardFL.gov)

**Journeyman and Master Examination Application**

Journeyman and Master licensees are not contractors and cannot operate a business nor apply for permit applications.

**The following documentation is required to be submitted with application:**

- Copy of driver's license
- Notarized documentation of experience on attached Employer Experience Affidavit
- Signed Social Security Number Disclaimer
- Application fee as indicated below. Applications fees are non-refundable.  
Make checks payable to Brevard County BOCC

**Journeyman (Application Fee \$65.00)**

☐ Air Conditioning   ☐ Electrician   ☐ Plumber   ☐ Roofer   ☐ Sheetmetal

**Master (Non-Contractor) (Fee \$110.00)**

☐ Electrician   ☐ Plumber

**Applicant Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

U.S. Citizen? ☐ Yes ☐ No

If no, then provide a copy of your Employment Authorization Document (Form I-766)

Previous Brevard County Certificate of Competency License Number, if applicable: \_\_\_\_\_

### **Current Employment**

Present Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_

Start Date of Employment: \_\_\_\_\_ End Date: \_\_\_\_\_

### **Previous Employment History in the Trade Applied**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_

Start Date of Employment: \_\_\_\_\_ End Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_

Start Date of Employment: \_\_\_\_\_ End Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_

Start Date of Employment: \_\_\_\_\_ End Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_

Start Date of Employment: \_\_\_\_\_ End Date: \_\_\_\_\_

### **Education History**

Copies of college and apprenticeship certifications and or transcripts in the trade applied are required to be submitted with the application.

Name of College: \_\_\_\_\_ Number of Years Attended \_\_\_\_\_

Apprenticeship School: \_\_\_\_\_ Number of Years 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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of Florida, Brevard County

Subscribed and sworn to before me, by means of physical presence ☐ or online notarization ☐

this \_\_\_\_\_ day of \_\_\_\_\_ the year \_\_\_\_\_ personally appeared \_\_\_\_\_  
who is personally known to me or produced \_\_\_\_\_ as identification, and who did/did not  
take an oath.

Notary Public Signature \_\_\_\_\_ Seal