



BOARD OF COUNTY COMMISSIONERS

Licensing Regulation & Enforcement
2725 Judge Fran Jamieson Way, Bldg. A-114
Viera, Florida 32940
Phone: (321) 633-2058, press 4, 6
contractorlicensing@BrevardFL.gov

MASTER/JOURNEYMAN RECIPROCITY APPLICATION AND FEES

APPLICATION FEES ARE NON-REFUNDABLE

Application Fees

JOURNEYMAN \$25

- Air Conditioning
Electrician
Plumber
Roofer
Sheetmetal

MASTER \$115

- Electrician
Plumber

Certification Fees

The Certification Fee is for the Competency Card and is prorated throughout the year. The Competency Card expires every August 31st. The prorated fees are:

Table with 2 columns: Time Period (August - November, December - April, May - July) and Percentage of Certification Fee (100%, 75%, 50%).

JOURNEYMAN \$50

MASTER \$75

The following documents must be submitted with application:

- 1. Application & Certification fees as indicated above
2. Copy of driver's license
3. Copy of current Competency Card
4. Sponsoring County must state in their reciprocity letter they will reciprocate with Brevard County in the same trade
5. Signed social Security Number Disclaimer

Make checks payable to Brevard County BOCC

# Master/Journeyman Application for Reciprocity

Date \_\_\_\_\_ Trade Category \_\_\_\_\_

Select one: Master      Journeyman

Fees Attached: Application Fee \$ \_\_\_\_\_ Certification Fee \$ \_\_\_\_\_

1. Name (Last, First, MI) \_\_\_\_\_

2. Address \_\_\_\_\_

3. Date of birth \_\_\_\_\_ Home Phone # \_\_\_\_\_

4. Daytime Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

5. U S Citizen? Yes      No

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

## EXPERIENCE INFORMATION – TO BE COMPLETED BY THE APPLICANT

Present Employer \_\_\_\_\_ Phone # \_\_\_\_\_

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 \_\_\_\_\_

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

Master/Journeyman Application for Reciprocity

SCHOOLING – Provide copies of certificates/diplomas/transcripts

High School \_\_\_\_\_ # Years Attended \_\_\_\_\_

College \_\_\_\_\_ # Years Attended \_\_\_\_\_

Apprenticeship School \_\_\_\_\_ # 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.

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

STATE OF \_\_\_\_\_

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

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_\_, by \_\_\_\_\_ who is personally known to me \_\_\_\_\_

or who produced a \_\_\_\_\_ as identification.

(Notary Seal)

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

**OFFICE USE ONLY**

Cap ID or COC # \_\_\_\_\_

Reciprocity From \_\_\_\_\_

Date Certification Issued: \_\_\_\_\_ Invoice # \_\_\_\_\_

App Fee Pd \$	Pymt Method	Date paid:	CLB Date:	Processed by:
Cert Fee Pd \$	Pymt Method	Date paid:		

# SOCIAL SECURITY NUMBER DISCLAIMER

\*\* "Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9); 409,2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupations license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welform Reform Act), 104 Pub.L. 193, Sec.317."

You must print your name, Social Security Number, date and sign that you have read the disclaimer above:

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_ Date \_\_\_\_\_  
(Sign)

Please cut along dotted line and keep bottom portion of the disclaimer for your records

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