

City of Ocala
Application for Certificate of Competency

_____ Residential Journeyman Plumber

_____ Commercial Journeyman Plumber

_____ Residential Journeyman Electrician

_____ Commercial Journeyman Electrician

Name

Home Phone No.

Residence Address

Current Employer Name / Address

Telephone #

Position Held

Length of Employment

Applicant shall submit proof of having worked in their appropriate trade as an apprentice or helper for a minimum of **two years.**

Applicants shall be required to submit to an Experiior examination to be administered no later than forty days after receipt of the application by the building official. Applicants shall be required to correctly answer a minimum of 75% of the questions on the examination to pass. If the applicant has taken and passed a written examination by Experiior and holds a current certificate from a city or county in this sate which grants reciprocity, an appropriate certificate shall be issued without further examination. A fee of \$15.00 for each certificate issued under this provision shall be required: If a 75% grade is not achieved, applicant must show continued efforts to be re-tested within a six month period or the applicant will be deleted.

If after investigation and examination, the Board of Examiners and Appeals, in the exercise of its reasonable discretion, shall ascertain and determine that an applicant for certification has met all the provisions of this division, then the Board shall cause a certificate to be issued to the applicant; otherwise the application shall be denied.

Fee: \$25.00 Experiior Examination

\$15.00 Through Incoming Letter of Reciprocity

Payee: City of Ocala

Failure to renew certification prior to October 1 will result in a \$25.00 late fee. Failure to obtain re-certification, by the following January 1st will result in the removal of the Journeyman from the City's files and if applicable, loss of the persons "grandfathered" status. **All fees are non-refundable.**

Date

Applicants Signature

Date Approved _____

CITY OF OCALA

COLLECTION OF SOCIAL SECURITY NUMBERS

THE BUILDING/ZONING/LICENSING DEPARTMENT OF THE **CITY OF OCALA** IS REQUESTING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER. SUCH DISCLOSURE IS **MANDATORY**.

SOCIAL SECURITY NUMBER: _____

COLLECTION OF YOUR SOCIAL SECURITY NUMBER IS FOR THE FOLLOWING PURPOSES:

____ IDENTIFICATION AND VERIFICATION

____ CREDIT WORTHINESS

____ BACKGROUND CHECK

THIS FORM WILL BE DESTROYED UPON COMPLETION OF APPLICATION.