



# Certificate of Competency Examination Application

Please email this application, a valid photo ID and any other supporting documents to the City of Gainesville Building Department at [bldg@cityofgainesville.org](mailto:bldg@cityofgainesville.org).

Application Date: \_\_\_\_\_

Journeyman Fees: \$50.00

Type of Examination:  Journeyman Electrical or  Master Electrician

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever submitted an application with the City of Gainesville (Florida) before?

Yes  No

If Yes, please give the date. \_\_\_\_\_

Do you currently have a valid Certificate of Competency from any other City or County?

Yes  No

If Yes, please check one of the following.

Master:  Journeyman:  Contractor:  Certificate #: \_\_\_\_\_ County: \_\_\_\_\_

## **Previous Employment Record**

1. Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ His/Her Title: \_\_\_\_\_



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2. Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ His/Her Title: \_\_\_\_\_

3. Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ His/Her Title: \_\_\_\_\_

4. Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ His/Her Title: \_\_\_\_\_

I hereby certify that the above information is complete and accurate to the best of my knowledge.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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For Staff Use Only:

Application: Accepted  Rejected

\_\_\_\_\_  
Building Official/Authorizer

\_\_\_\_\_  
Date