



DEPARTMENT OF LICENSING, INSPECTIONS AND PERMITS

CITY HALL • 340 NORTH WASHINGTON AVENUE • SCRANTON, PENNSYLVANIA 18503 • PHONE: 570-348-4193 • FAX: 570-348-4171

**REQUIREMENTS FOR JOURNEYMAN/ APPRENTICE
CONTRACTOR'S LICENSE FOR THE CITY OF SCRANTON**

REQUIREMENTS

FILL OUT CONTRACTORS LICENSE APPLICATION IN FULL AND HAVE IT NOTARIZED

**please do not sign the application until you are in front of the notary, does not have to be a PA notary*

- APPLICANT NEEDS TO PROVIDE EXPERIENCE IN SAID FIELD WORKING UNDER LICENSED CONTRACTOR FOR 4 YEARS (*Must provide W-2'S OR 1099'S*)
 - *if the applicant cannot produce W-2s they need to provide a **notarized** letter of recommendation from **all** of the following:*
 - *2 letters from contractor in said field they worked under*
 - *3 letters from customers they performed work*
 - *1 letter from a contractor in another field*
 - *If applicant had only worked for one (1) master and/or licensed contractor during their work experience, 1 letter should be sufficient*
- PROVIDE EXAMINATION OR CERTIFICATE OF COMPLETION OR DIPLOMA FROM AN ACCREDITED TRADE SCHOOL
 - CATEGORIES INCLUDE BY NOT LIMITED TO
 - ELECTRICAL
 - MECHANICAL
 - PLUMBING
- A NOTARIZED LETTER OF RECOMMENATION FROM THE APPLICANT'S INTERNSHIP AND EMPLOYER
- LICENSE FEE: \$50.00 (*journeyman*) \$25.00 (*apprentice*)

**License valid January 1- December 31 of the same year*



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JOURNEYMAN/ APPRENTICE CERTIFICATE APPLICATION

(Application needs to be notarized)

Date: _____

TYPE OF LICENSE: *(Please circle one)* *JOURNEYMAN* *APPRENTICE*

CATEGORY : *(Please circle one)* *ELECTRICAL* *MECHANICAL* *PLUMBING*

NAME OF APPLICANT (**not company name*) _____

ADDRESS OF APPLICANT: _____

PHONE NUMBER OF APPLICANT: _____

EMAIL ADDRESS OF APPLICANT: _____

PRINCIPAL TYPE OF WORK PERFORMED: _____

HAS THE APPLICANT PASSED THE NECESSARY TEST IN SAID FIELD? YES NO N/A

**if yes, please provide proof of test result examination(s)*

I, _____ swear or affirm that my statements and answers above are true and complete to the best of my knowledge and belief. I understand that any falsification on this application may result in my license application being denied. I also realize that I will be subject to penalties provided by 18 PA.C.C 4903 and 4904 if I have provided false answers and statements.

Signature of Applicant

Date

County of _____ State of _____

I, _____, being duly sworn, depose and say that he/she is _____

_____ of _____ and all answers to the foregoing questions and all statements therewith are true and correct.

Sworn to before me this _____ day of _____, 20____

OFFICIAL USE ONLY

APPROVED FOR JOURNEYMAN/APPRENTICE CERTIFICATE: YES NO

Signature of Director/BCO City of Scranton

Date

COMMENTS:

