



DATE: \_\_\_\_\_

APPLICANT NUMBER: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

# LICENSING DIVISION

## ST. JOHNS COUNTY BUILDING DEPARTMENT

### APPLICATION FOR COUNTY AUTHORIZED JOURNEYMAN LICENSE

I hereby make application for a license to work in St. Johns County, Florida as a:

Journeyman \_\_\_\_\_

**QUALIFYING BY: (check one)**

A. **Proctored examination** .....

B. **Reciprocity of proctored examination** with \_\_\_\_\_  
(name of city or county) .....

\*\*\*\*\*

Applicants Full Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City/State Zip Code

Residence Address \_\_\_\_\_  
Street City/State Zip Code

Have you ever applied for a St. Johns County license in this or any other field before?  No  Yes

If Yes: Type \_\_\_\_\_ License # \_\_\_\_\_ Status \_\_\_\_\_ How Long? \_\_\_\_\_

Do you presently or have you ever held a contractor license from any other city, county or state?  No  Yes

If yes, where? \_\_\_\_\_ License Status: \_\_\_\_\_

How Long? \_\_\_\_\_ Type Held: \_\_\_\_\_

**WORK HISTORY FOR PAST FIVE YEARS (Attach additional sheets if required):**

Presently Employed By: \_\_\_\_\_ Position \_\_\_\_\_

Employers Address: \_\_\_\_\_  
Street City/State Phone (\_\_\_\_) \_\_\_\_\_

Previous Name of Firm	Where	When	Nature of Employment	Any Violation of License Regulations

**REFERENCES:** List three persons on lines below, (not relatives) with definite knowledge of your trade qualifications.

<u>Full Name</u>	<u>Business or Home Address</u>	<u>Occupation/Business</u>
1.		
2.		
3.		

Have you ever been convicted of any crime?  No  Yes Adjudged bankrupt?  No  Yes Adjudged Insane?  No  Yes

Refused a fidelity bond or been refused a contractors license or had one revoked?  No  Yes

Have you ever failed to complete a construction contract?  No  Yes

Have you ever been convicted of a violation of Chapter 489, Florida Statutes (Construction Industry Licensing Law)?  
 No  Yes

Have you ever been convicted of a violation of any other contracting regulations?  No  Yes  
 (If you answered yes to any of the preceding questions, explain fully on a separate sheet.)

Date of Birth: \_\_\_\_\_  
   month  day  year

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

**I hereby certify that the forgoing statements are true and correct to the best of my knowledge and belief.**

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

\_\_\_\_\_  
 Date

STATE OF FLORIDA COUNTY OF ST. JOHNS

NOTARY as to Contractor below:

Sworn to or affirmed and subscribed before me

this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

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

Commission Number and Expiration Date

Known Personally \_\_\_\_\_ OR Identification \_\_\_\_\_ Type Identification \_\_\_\_\_

**FOR OFFICE USE ONLY:**

License Type \_\_\_\_\_ License Number \_\_\_\_\_

Exam Date \_\_\_\_\_ Exam Grade \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Boards Vote: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

**FEES: Fee must accompany application. Fee is non-refundable after application has been entered in the records.**

**All Checks should be made payable to: St. Johns County**

**Mail To: Contractor Licensing / Building Department**

**4040 Lewis Speedway**

**St. Augustine, Florida 32084**

**Phone (904) 827-6820 Fax (904) 827-6847**