OHNS COUL	DATE:							
		APPLICANT NUMBER:						
	LICENSE NUMBER:							
ALOA AT FIRST SUCH			NG DIVISION					
OA AT FIRST			UILDING DEPAI					
A				D JOURNEYMAN				
1 ח	, 1	1		1 St. Johns County,	, FIOFIDA as a:			
	Journeyman	OUA	LIFYING BY:					
A. Proctored exami	nation	-						
B.Reciprocity of pro	octored exami	nation with _	(name of city or coun	nty)	****			
*****	*********	*****	****	****	*****			
Applicants Full Name: _								
	Last Name		First Name		Middle Name			
Email				Phone: ()			
Mailing Address:								
SSt	ng Address: Street		City/State		Zip Code			
Residence Address:								
	Street		City/S		Zip Code			
Have you ever applied	-	-	÷ .					
If Yes: Type								
• • •	•		•	• • •	y or state?□ No □ Yes			
How Long?								
WORK HISTORY FOR P.								
			•	,				
Presently Employed By:								
Employers Address:	Street	·····	City/State	Phone ()			
	PLOYMENT	HISTORYFOR	AT LEAST FIVE	YEARS (attach a	dditional sheets if necessa RST.			
Previous Name o	of Firm	Where	When	Nat	ture of Employment			
REFERENCES: List t NAME	-	n lines below, (Y, STATE/ PH			lge of your trade qualificatio ATION/ BUSINESS			
1								
2								

PLEASE ANSWE Have you ever be		-			EITHER YES OR NO:	
Adjudged bankru		•	165/10	0		
Adjudged Insane	-					
, .		l or boon rofusod	la contra	ctors' licons	e or had one revoked? Yes /	No
Have you ever fai	•					
•		-			o orida Statutes (the Constr	untion Inductor
Licensing Law)?		cieu or a viorati		lapter 467 FI	orida Statutes (the Constr	action maustry
e ·		ed of a violation	n of any o	ther contract	ting regulations? Yes / No	
-			-			
(*****If you answ	ered yes to	any of the preced	ing questio WHAT/WI	ons, <u>explain fu</u> HERE/WHEN?	illy on a separate sheet. *****	^{****})
Dete of Dirth.						
Date of Birth:	month	dav	vear			
Height:		Weight:	<i>j</i>	Eye Color:	Hair Colo	r:
l hereby certify th	hat the forg	oing statements a	re true and	d correct to th	e best of my knowledge and l	belief.
	Sig	gnature of Applicar	nt		Date	
			_			
STATE OF FLOR NOTARY as to Ap			S			
Sworn to or affirm						
		y of	20			
Notary Signature						
Commission Numb	per and Expi	ration Date				
Known Personally				Type Identific	ation	
				i ype identifie		
FOR OFFICE US						
License Type		·····			License Number	
Exam Date		_ Exam Grade			Jurisdiction	
Boards Vote: Approve	ed	Disan	proved		Date	
		r				
		-			lication has been entered in t	t <u>he records</u> .
All Checks should		· ·	•		_	
	Μ	ail To: Contracto		-	g Department	
		4040 Lewis St. Augusti	-			
		•		a 52084 Fax (904) 827-6	5847	
T:\Contractor Licensing\2023 N	JEW FORMS\2023	Journeyman Application.doc	c		Application Provised 06/22	2 of 2
5				Application Revised 06/23	2 01 2	