



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:**A. Proctored examination****B. Reciprocity of proctored examination** with _____

(name of city or county)

Applicants Full Name: _____

Last Name

First Name

Middle Name

Email _____ Phone: (____) _____

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: _____ Phone (____) _____

Street

City/State

CONSTRUCTION EMPLOYMENT HISTORY FOR AT LEAST FIVE YEARS (attach additional sheets if necessary):**INCLUDE SELF EMPLOYMENT IF APPLICABLE. LIST MOST CURRENT EMPLOYMENT FIRST.**

Previous Name of Firm	Where	When	Nature of Employment

REFERENCES: List three persons on lines below, (not relatives) with definite knowledge of your trade qualifications.**NAME****CITY, STATE/ PHONE #****OCCUPATION/ BUSINESS**

1. _____

2. _____

3. _____

(COMPLETE PAGE TWO ON REVERSE SIDE)

APPLICATION WILL BE RETURNED IF NOT FULLY COMPLETED

1 of 2

Building Department

4040 Lewis Speedway, St. Augustine, FL 32084

904.827.6800 | www.sjcfl.us

PLEASE ANSWER THE FOLLOWING QUESTIONS BY SELECTING EITHER YES OR NO:

Have you ever been convicted of any crime? Yes No

Adjudged bankrupt? Yes No

Adjudged Insane? Yes No

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

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

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

Have you ever been convicted of a violation of any other contracting regulations? Yes No

*****If you answered yes to any of the preceding questions, [explain fully on a separate sheet](#)

WHAT/WHERE/WHEN*****

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 Applicant 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

**If you answered YES to ANY of the preceding questions, explain fully
WHAT/WHERE/WHEN:**