



**GMD Operations & Regulatory Management
Licensing Section
2800 North Horseshoe Drive
Naples, FL 34104**

✓ = DO

X =DO NOT DO

**APPLICATION FOR JOURNEYMAN
CHECKLIST**

- VERIFICATION OF 75% PASSING SCORE** (must be approved and recognized throughout the State of Florida, as provided in Section 2.7 of the Contractor's Licensing Board Ordinance)
 - Copy of letter from testing facility, or
 - Letter of Reciprocity from the county of sponsorship is required

- APPLICATION** (complete and notarized)

- VERIFICATION OF EXPERIENCE**
 - A statement of the applicant's business or work experience during the past ten years.
 - A statement of any formal training in the trade categories for which application is made for a competency card.

- COPY OF DRIVER'S LICENSE**

If you have any questions, please feel free to contact us at:

GMD Operations and Regulatory Management
Licensing Section
2800 North Horseshoe Drive
Naples, FL 34104

Main: (239) 252-2431
Fax: (239) 252-2469

PROOF OF EXPERIENCE

1.8.1 When determining if the applicant possesses the required experience, the Contractor's Licensing Board Supervisor or his/her designee shall accept the following as proof of experience:

- A. Affidavits/notarized letters from former employees with specifics as to the number of years of experience, work performed and any other relevant information.
- B. Copies of other certificates of competency, if any, held in other counties, cities.
- C. Affidavits from any building director in locations where the applicant has worked.
- D. Affidavits from any union organization of which the applicant has been a member, relative to the trade for which the applicant has made application.
- E. Affidavits from any other reasonable source as approved by the Contractor Licensing Supervisor within the trade applied for.

1.8.2 Education at an accredited school may be utilized to satisfy a portion of the experience requirements of this section. Specifically, each full year of school level work in the field for which the application is made shall be credited to the applicant as .75 years experience, but such credit shall be for no more than one-half of the total experience required.



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APPLICATION FOR
COLLIER COUNTY/CITY OF NAPLES/CITY OF MARCO

JOURNEYMAN

INSTRUCTIONS: This application must be typewritten or legibly printed. The application fee must be paid upon approval and is not refundable. All checks should be made payable to: Collier County Board of County Commissioners. For further information, consult Collier County Ordinance No. 90-105, as amended.

NAME OF APPLICANT:

Name: _____

Home Address: _____
(Number & Street) (City) (State) (Zip Code)

Telephone: _____ E-mail: _____

Date of Birth: _____ DL #: _____

Name of Business: _____ Phone: _____

Business Address: _____
(Number & Street) (City) (State) (Zip Code)

Names and telephone numbers of two persons who will always know the applicant's whereabouts:

TYPE OF JOURNEYMAN LICENSE:

<input type="checkbox"/>	Electrical	\$80.00
<input type="checkbox"/>	Plumbing	\$80.00
<input type="checkbox"/>	Mechanical	\$80.00

CHANGE OF STATUS: () Reinstatement \$10 () Dormant License to Active \$10

AFFIDAVIT

Under the penalties of perjury I declare that I have read the foregoing application and that the facts stated in it are true.

Signature

Print Name

State of Florida

County of _____

The foregoing instrument as acknowledged before me this _____
(Date)

by _____ who has produced _____
(name of person acknowledging) (type of identification)

as identification and did not take an oath.

NOTARY'S SEAL

(SIGNATURE OF NOTARY)

**AFFIDAVIT OF
INTEGRITY AND GOOD CHARACTER**

STATE OF _____

COUNTY OF _____

I, _____, having been first duly sworn, state and affirm: I am a resident of _____ County, _____ (State) and have resided here for more than five (5) years.

During the last five years I have known _____ (applicant). I have had the opportunity to observe his or her business and personal dealings and find him or her to be a person of honesty, integrity and good character.

Signature

Name

Address

Telephone

The foregoing instrument as acknowledged before me this _____
(Date)
by _____ who has produced _____
(name of person acknowledging) (type of identification)

as identification and did not take an oath.

NOTARY'S SEAL

(SIGNATURE OF NOTARY)