CHECKLIST: JOURNEYMAN APPLICATION

Prior to submission of your application to the Contractor Licensing Supervisor, staff will review your application to assure all required documentation is present.

☐ COMPLETE AND NOTARIZED APPLICATION

☐ VERIFICATION OF MINIMUM 75% PASSING SCORE ON EXAMINATION  Attach proof that you have passed the appropriate exam with a minimum grade of 75%. Acceptable documents include a copy of the letter from an approved testing agency (Gainesville Independent Testing, Prometric, or Prov) or a letter of reciprocity from another Florida jurisdiction (with exam date and results attached).

☐ PROOF OF SATISFACTION OF LIENS, JUDGEMENTS, AND DISCHARGE OF BANKRUPTCY  
(documentation required for any YES responses in the table contained in Section III)

☐ THREE (3) NOTARIZED AFFIDAVITS VERIFYING CONSTRUCTION EXPERIENCE  Attach three (3) original, notarized affidavits verifying that you have the necessary experience in the area covered by the Journeyman Certificate you are seeking. The required affidavits are attached to this application and should be completed by past or present employers that are licensed and actively engaged in the construction services field. These cannot be completed by relatives. The total amount of experience required needs to equal at least 48 months.

☐ TWO (2) NOTARIZED AFFIDAVITS ATTESTING TO INTEGRITY AND CHARACTER  Attach two (2) original, notarized affidavits attesting to your honesty, integrity, good business reputation and competence in the trade category for which you are applying. Individuals may be the same as those providing verification of experience affidavits. The required affidavits are attached to this application and should be completed by individuals who have resided in Collier County for a minimum of five (5) years.

☐ COPY OF DRIVER’S LICENSE
APPLICATION FOR COLLIER COUNTY CERTIFICATE OF COMPETENCY

JOURNEYMAN APPLICATION FOR COLLIER COUNTY CERTIFICATE OF COMPETENCY

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. 2006-46, as amended.

TYPE OF JOURNEYMAN LICENSE:

☐ Electrician $80.00
☐ Plumber $80.00
☐ Mechanical $80.00

I. APPLICANT PERSONAL AND BUSINESS INFORMATION:

Name: ____________________________
                                      ____________________________
                                      ____________________________
                                      First                   Middle Initial       Last

Address: ____________________________________________________________
                                      ____________________________________________________________
                                      Street                        City                   State           Zip

Email: ______________________________________________________________

Telephone: ____________________________  SS# (Last 4 digits only): ____________________________
Date of Birth: ____________________________  Driver’s License # (Last 4 digits only): ____________________________

*Pursuant to Chapter I-19, Florida Statutes and Collier County Contractor Licensing Ordinance 2006-46 Section 2.1.1., all applicants are required to submit their social security number (SSN) for the following purposes: a) Assess applicant’s ability to satisfy creditors by reviewing their credit history. b) Verification of applicant’s test scores and information. Our office will only use your SSN noted above for those reasons pursuant to Chapter I-19, Florida Statutes, and as may otherwise be authorized by law. We are fully committed to safe-guarding and protecting your SSN and once collected, will be maintained as confidential and exempt under Chapter I-19, Florida Statutes.
APPLICATION FOR COLLIER COUNTY CERTIFICATE OF COMPETENCY

Provide the names and telephone numbers of two persons who will always know your whereabouts.

Name: ________________________________  Name: ________________________________

Telephone: __________________________  Telephone: __________________________

II. FINANCIAL RESPONSIBILITY

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>ALL APPLICANTS MUST ANSWER THE QUESTIONS BELOW:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Filed for or been discharged in bankruptcy within the past 5 years?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Had a lien filed against you by the Internal Revenue Service or Florida Corporate Tax Division?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Undertaken construction contracts or work that resulted in liens, suits, or judgments being filed?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Undertaken construction contracts or work that a third party, such as a bonding or surety company, completed or made financial statements on?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Made an assignment of assets in settlement of construction obligations for less than the debts outstanding?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction within the past 10 years?*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Had claims or lawsuits filed for unpaid or past due accounts by your creditors as a result of construction experience?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Been charged with or convicted of acting as a contractor without a license, or if licensed as a contractor in this or any other state, been “subject to” disciplinary action by a state, county, or municipality?</td>
</tr>
</tbody>
</table>

NOTE. If you have answer YES to any of the questions below, you must attach a written explanation including the nature of the charges, dates, and outcomes, sentences of conditions imposed. You must also attach proof of payment, satisfaction of lien or judgement, bankruptcy discharge, or agreements for payment.

*If you have had a felony conviction, proof that your civil rights have been restored will be required prior to licensure.
III. EXPERIENCE VERIFICATION

EDUCATION:
List below and provide transcripts for any formal education you have obtained in the area of competency for which this application is being made:

_______________________________________________________________________________________
_______________________________________________________________________________________

List below non formal education (on the job training) you have obtained in the area of competency for which this application is being made:

_______________________________________________________________________________________
_______________________________________________________________________________________

CURRENT/PREVIOUS LICENSE:
List below and attach copies any other certificates of competency/licenses you hold/have held in Collier County or any other jurisdiction. Include the license #, Type, and county you hold it in.

_______________________________________________________________________________________
_______________________________________________________________________________________

AFFIDAVIT

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

Applicant (please print)  Signature of Applicant

State of ____________________ County of ___________________

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this ____day of ____________, 20__ , by _______________________

Such person(s) Notary Public must check applicable box:

☐ are personally known to me             ☐ has produced a current driver license

☐ has produced ________________________ as identification.

(Notary Seal)

Notary Signature: ________________________________
CERTIFICATION OF APPLICATION

The undersigned hereby makes application for Certificate of Competency under the provisions of Collier County No. 2006-46, as amended, and under penalties of perjury. I declare that I have read the foregoing qualifier information and that the facts stated in it are true.

The undersigned hereby certifies that he is legally qualified to act on behalf of the business organization sought to be licensed in all matters connected with its contracting business and that he has full authority to supervise construction undertaken by himself or such business or organization and that he will continue during this registration to be able to so bind said business organization. The qualified license holder understands that in all contracting matters, he/she will be held strictly accountable for any and all activities involving his license.

Any willful falsification of any information contained herein is grounds for disqualification.

Applicant (please print)

Name of Company

Signature of Applicant

State of _______________ County of _______________

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this ____ day of _____________, 20 ____, by ________________________________

Such person(s) Notary Public must check applicable box:

☐ are personally known to me  ☐ has produced a current driver license

☐ has produced ____________________________ as identification.

(Notary Seal)

Notary Signature: ________________________________
VERIFICATION OF CONSTRUCTION EXPERIENCE

Applicant's Name: ________________________________________________________________

Certificate Category Requested: __________________________________________________

The applicant is seeking a Collier County Certificate of Competency in the trade indicated above. As part of the application for this certificate, the applicant must verify his/her experience within this trade. You are being requested to provide information that will aid the applicant in meeting this requirement. You should verify time of active experience working as an apprentice or a skilled worker (e.g., as a worker commanding the wage of mechanic or better in the trade). Time served solely in a supervisory or administrative role should be described, but may or may not be considered sufficient to demonstrate required trade experience. The person verifying trade experience for the above-named applicant must provide the following information:

Name: _________________________________ Title: _________________________________

Business Name: ________________________________________________________________

Phone: _________________________________ License No. (if applicable): __________________

Business Address: ________________________________________________________________

Street City State Zip

The applicant was employed by me from _______________________________ to _______________________________

Applicant's title: ________________________________________________________________

The applicant’s scope of work (specific duties) included: ________________________________________________________________

____________________________________________________________________________________

Additional comments: ________________________________________________________________

NOTE TO LICENSED CONTRACTORS: Falsifying any information provided herein may subject your license to revocation. Under penalty of perjury, I declare that the facts stated here are true.

________________________________________ Signature of person providing the statement

State of __________________ County of __________________

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this _____ day of ____________, 20____, by ______________________________________

Such person(s) Notary Public must check applicable box:

☐ are personally known to me ☐ has produced a current driver license

☐ has produced __________________________ as identification.

(Notary Seal)

Notary Signature: _____________________________________________________________
VERIFICATION OF CONSTRUCTION EXPERIENCE

Applicant’s Name: ____________________________________________________________

Certificate Category Requested: ________________________________________________

The applicant is seeking a Collier County Certificate of Competency in the trade indicated above. As part of the application for this certificate, the applicant must verify his/her experience within this trade. You are being requested to provide information that will aid the applicant in meeting this requirement. You should verify time of active experience working as an apprentice or a skilled worker (e.g., as a worker commanding the wage of mechanic or better in the trade). Time served solely in a supervisory or administrative role should be described, but may or may not be considered sufficient to demonstrate required trade experience. The person verifying trade experience for the above-named applicant must provide the following information:

Name: ____________________________  Title: ________________________________

Business Name: ____________________________________________________________

Phone: ____________________________  License No. (if applicable): _______________

Business Address: __________________________________________________________

Street  City  State  Zip

The applicant was employed by me from _______________________________ to __________________________________

Applicant’s title: _______________________________________________________________________________________

The applicant’s scope of work (specific duties) included: __________________________________________________

____________________________________________________________________________________________________

Additional comments: ___________________________________________________________________________________

NOTE TO LICENSED CONTRACTORS: Falsifying any information provided herein may subject your license to revocation. Under penalty of perjury, I declare that the facts stated here are true.

_________________________________________  Signature of person providing the statement

State of ____________  County of ______________

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this ___ day of ____________, 20 ___.

☐ are personally known to me  ☐ has produced a current driver license

☐ has produced ___________________________ as identification.

(Notary Seal)

Notary Signature: ____________________________________________________________
VERIFICATION OF CONSTRUCTION EXPERIENCE

Applicant's Name: _____________________________________________________________

Certificate Category Requested: __________________________________________________

The applicant is seeking a Collier County Certificate of Competency in the trade indicated above. As part of the application for this certificate, the applicant must verify his/her experience within this trade. You are being requested to provide information that will aid the applicant in meeting this requirement. You should verify time of active experience working as an apprentice or a skilled worker (e.g., as a worker commanding the wage of mechanic or better in the trade). Time served solely in a supervisory or administrative role should be described, but may or may not be considered sufficient to demonstrate required trade experience. The person verifying trade experience for the above-named applicant must provide the following information:

Name: ___________________________________________ Title: _____________________________

Business Name: ________________________________________________________________

Phone: ________________________________ License No. (if applicable): _______________________

Business Address: __________________________________________________________________

Street __________________ City __________ State ________ Zip ______

The applicant was employed by me from ___________________________ to _______________________

Applicant's title: ________________________________________________________________

The applicant's scope of work (specific duties) included: ________________________________

________________________________________________________________________________

Additional comments: __________________________________________________________

NOTE TO LICENSED CONTRACTORS: Falsifying any information provided herein may subject your license to revocation.

Under penalty of perjury, I declare that the facts stated here are true.

_________________________________________ Signature of person providing the statement

State of ____________ County of _______________

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this _______ day of ____________, 20____, by _______________________________________.

Such person(s) Notary Public must check applicable box:

☐ are personally known to me ☐ has produced a current driver license

☐ has produced ____________________________ as identification.

(Notary Seal)

Notary Signature: _____________________________
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 (5) 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

________________________________________________________________________

Printed Name

Address: ___________________________________________ Street

City __________________________ State __________________ Zip

Telephone: ___________________________

State of ______________________ County of ______________________

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this ___ day of ____________, 20 ____, by ____________________________________________

Such person(s) Notary Public must check applicable box:

☐ are personally known to me ☐ has produced a current driver license

☐ has produced ________________________________ as identification.

(Notary Seal)

Notary Signature: _____________________________
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 (5) 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

____________________________________  Printed Name

Address: _____________________________
        Street
        City                State                Zip

Telephone: _____________________________

State of ____________________ County of ____________________

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this ___ day of ____________, 20 ____ , by __________________________________________________________

Such person(s) Notary Public must check applicable box:

☐ are personally known to me       ☐ has produced a current driver license

☐ has produced _____________________ as identification.

(Notary Seal)

Notary Signature: ____________________________
DISCLAIMER:
NOTICE FOR COLLECTION OF
SOCIAL SECURITY NUMBER
DRIVER LICENSE
DATE OF BIRTH

The Collier County Growth Management Department, as a department of the Collier County Government Agency, is authorized to collect your Social Security Number, Driver License and Date of Birth for the performance of its duties and responsibilities as prescribed by law. Your Social Security Number, Driver License and Date of Birth shall be collected for one or more of the following reasons:

1. Assess applicant’s ability to satisfy creditors by reviewing their credit history.
2. Verification of applicant’s test scores and information.
3. Register applicant for Sponsorship of Exams.

Your Social Security Number, Driver License and Date of Birth will only be collected and disclosed for these listed purposes, and as may otherwise be authorized by law, and once collected, will be maintained as confidential and exempt records under Chapter 119, Florida Statutes, by this agency.