



**MARTIN COUNTY CONSTRUCTION INDUSTRY LICENSING BOARD
JOURNEYMAN APPLICATION**

INSTRUCTIONS FOR COMPLETING APPLICATION

THE DEADLINE FOR ACCEPTING APPLICATIONS IS THE **10TH** OF THE MONTH TO BE ELIGIBLE FOR THE REVIEW BY THE CONSTRUCTION INDUSTRY LICENSING BOARD.

AN APPLICATION IS COMPLETE IF IT INCLUDES THE FOLLOWING:

1. APPLICABLE FEE (\$35.00) - PAYABLE TO MARTIN COUNTY BOARD OF COMMISSIONERS.
2. A RECENT 2" X 2" SNAPSHOT OF APPLICANT AND COPY OF CURRENT DRIVER'S LICENSE
3. AFFIDAVIT OF EXPERIENCE COMPLETED BY EMPLOYER(S).
4. RESUME - MUST ACCOUNT FOR LAST 5 YEARS OF EMPLOYMENT AND CORRESPOND WITH THE AFFIDAVIT OF EXPERIENCE.
5. IF APPLICATION IS FOR RECIPROCITY, FURNISH A "LETTER OF RECIPROCITY" VERIFYING PASSING A STANDARDIZED EXAM PREPARED, PROCTORED AND GRADED WITH A MINIMUM SCORE OF 75% FROM THE AREA THAT SPONSORED THE ORIGINAL EXAMINATION.
6. IF APPLICATION IS FOR THE EXAM, APPLICANT MUST BE PRESENT AT THE CONSTRUCTION INDUSTRY LICENSING BOARD MEETING.

EXAM APPLICANTS

RECIPROCITY APPLICANTS

43.41.B. *Journeyman.*

1. *Journeyman electricians:* Are those who can qualify with a minimum of four years' experience under the employment of an electrical contractor, and who only perform work in the electrical trade while employed by and under the supervision of a licensed electrical contractor.
2. *Journeyman plumbers:* Are those who can qualify with a minimum of four years' experience under the employment of a plumbing contractor, and who only perform work in the plumbing trade while employed by and under the supervision of a licensed plumbing contractor.

EXPERIENCE PREREQUISITES:

JOURNEYMAN ELECTRICIAN MINIMUM 4 YEARS
JOURNEYMAN PLUMBER MINIMUM 4 YEARS

MAILING ADDRESS: MARTIN COUNTY CONTRACTORS LICENSING
900 SE RUHNKE STREET
STUART, FL 34994

PHONE: 772-288-5482

FAX: 772-419-6935



**MARTIN COUNTY
CONSTRUCTION INDUSTRY LICENSING BOARD
900 SE RUHNKE STREET
STUART, FL 34994
(772)288-5482**

JOURNEYMAN APPLICATION FOR CERTIFICATE OF COMPETENCY

AMT PAID _____ CHECK NO _____ DATE REC'D _____
(CHECK, CASH OR CREDIT CARD)

PLEASE TYPE OR PRINT IN BLACK INK ALL INFORMATION

APPLICATION FEE MUST ACCOMPANY THIS APPLICATION AND IS REQUIRED TO BE PAID BEFORE APPLICATION IS ACCEPTED BY THE LICENSING ADMINISTRATOR. APPLICATION FEE IS NOT REFUNDABLE AFTER APPLICATION HAS BEEN ENTERED ON THE RECORDS. APPLICANT AGREES TO AUTHORIZE THE MARTIN COUNTY CONSTRUCTION INDUSTRY LICENSING BOARD AND ITS AGENTS TO OBTAIN INFORMATION FROM ANY SOURCE DEALING WITH THE APPLICANT AND ANY ADDITIONAL INFORMATION CONCERNING APPLICANT'S EXPERIENCE.

UNDER THE PROVISIONS OF THE MARTIN COUNTY CODE OF LAWS AND ORDINANCES, CHAPTER 43, DEFINING, REGULATING AND GOVERNING CONTRACTORS WITHIN THE COUNTY OF MARTIN, FLORIDA: I HEREBY APPLY FOR A CERTIFICATE TO QUALIFY AS A JOURNEYMAN IN MARTIN COUNTY, FLORIDA, UNDER CLASSIFICATION INDICATED BELOW:

___ JOURNEYMAN ELECTRICIAN

___ JOURNEYMAN PLUMBER

ATTACH
PHOTO
HERE

APPLYING FOR: (CHECK ONE BELOW)

EXAM ___ OR RECIPROCITY ___ FROM _____
FILL IN COUNTY OR CITY

APPLICANT'S FULL NAME _____
FIRST MIDDLE LAST

HOME ADDRESS _____ PHONE _____ FAX _____

CITY _____ STATE _____ ZIP _____

FL DRIVER LICENSE NUMBER: _____



APPLICANT'S RESUME - RECENT 5 YEARS

THIS RESUME IS NEEDED BY THE MARTIN COUNTY CONSTRUCTION INDUSTRY LICENSING BOARD TO PROPERLY ASSESS THE APPLICANT'S EXPERIENCE IN THE CLASSIFICATION FOR WHICH HE IS APPLYING FOR A CERTIFICATE OF COMPETENCY.

LIST PLACES OF EMPLOYMENT OR NAMES OF BUSINESSES OWNED, BEGINNING WITH THE MOST RECENT ONE. INFORMATION MUST BE VERIFIABLE AND MUST INCLUDE NAME, ADDRESS AND TELEPHONE NUMBER. DATES MUST BE SPECIFIC, INDICATING MONTH AND YEAR WITH DESCRIPTION OF DUTIES AND RESPONSIBILITIES.

EXAMPLE: 6/95 - 12/99 Pretty Good Mechanical Co.
29 Fifth Street, Akron, OH 33122
216-322-8567
Journeyman, 5 mos., Foreman, 24 mos.
Supervised 4 to 8 Journeyman & Apprentices

DATE(MO & YR.) EMPLOYER, LOCATION & TEL # RESPONSIBILITIES

I UNDERSTAND THAT ANY WILLFUL FALSIFICATION OF ANY INFORMATION HEREIN, INCLUDING ALL SUPPLEMENTARY PAGES AND ATTACHMENTS, IS GROUNDS FOR DISQUALIFICATION.

SIGNATURE OF APPLICANT

STATE OF _____

COUNTY OF _____

_____The foregoing instrument was acknowledged before me this ____ day of _____20__, by

Personally Known____
Produced ID ____
Type _____

SIGNATURE OF NOTARY PUBLIC



AFFIDAVIT OF EXPERIENCE

MINIMUM 4 YEARS OF EXPERIENCE MUST BE VERIFIED

(THIS IS INTENDED TO VERIFY IN-THE-FIELD EXPERIENCE AND NOT CHARACTER REFERENCE)

DATE: _____, 20____

MARTIN COUNTY CONSTRUCTION
INDUSTRY LICENSING BOARD
900 SE RUHNKE STREET
STUART, FL 34994

NAME OF APPLICANT IS/WAS EMPLOYED AS A

JOB TITLE

BY _____
NAME OF COMPANY

LOCATED AT _____
ADDRESS AND PHONE

FROM _____ 20____ TO _____ 20____
MONTH YR MONTH YR

WHILE EMPLOYED HIS TOTAL LENGTH OF TIME IN THE FIELD WAS _____
YRS. AND MOS.

DESCRIPTION OF RESPONSIBILITIES:

I AM QUALIFIED TO VERIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

**CAN'T BE SIGNED BY
APPLICANT**

PRINT OR TYPE NAME: _____

SIGNED: _____

LICENSE NO: _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____
20____, by _____

SIGNATURE OF NOTARY PUBLIC

Personally Known _____
Produced Identification _____
Type of ID Produced _____

SEAL: