



# APPLICATION FOR JOURNEYMAN CERTIFICATE OF COMPETENCY

Lee County Development Services, Attention: Contractor Licensing  
P.O. Box 398, Fort Myers, Florida 33902  
Phone (239) 533-8895

I. **Applicant's Name:** \_\_\_\_\_

Certificate Category Requested: \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Billing Address \_\_\_\_\_  
Street or PO. Box City State Zip

E-Mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

II. **Exam Verification:**

Attach proof that you have taken and passed the appropriate exam. Acceptable proof includes a copy of the Prometric, Exporior, Block & Associates or NAI-Block test result form, or a letter of reciprocity from another Florida jurisdiction.

III. **Experience Verification:**

Attach original notarized documents verifying that you have the necessary **four (4)** years of experience in the area covered by the certificate of competency you are seeking. This document is attached to this application for your convenience it must be completed by past or present employers licensed and actively engaged in the construction services field. Proof of licensure by other jurisdictions, without additional experience verification, will not satisfy this requirement.

**The Board can refuse to accept any statement: (1) that is not clearly an original document or (2) where the face of the document provides evidence that the statement has been changed from its original form.**

**IV. Photographic Identification:**

Attach to this application a copy of your driver's license or other official state identification that contains a photograph. **A photo I.D. may be required at the hearing or prior to issuance of the Competency Card.**

**V. Previous Certificates:**

Yes	No	
		Have you ever been granted a Lee County Certificate of Competency? License Number _____ Certificate Category _____
		Did you voluntarily relinquish this license?
		Did you allow this license to lapse after it was placed on involuntary inactive status? A Lee County Certificate of Competency can be placed on involuntary inactive status for (1) failure to renew the license; (2) failure to maintain liability insurance; or (3) failure to maintain workers' compensation insurance (or an exemption). (If appropriate action is not taken within 6 months of the date the license is placed on inactive status, the license lapses.)
		Was the license revoked or suspended? If yes, attach an explanation of the steps you have taken to avoid a similar occurrence in the future and proof of compliance with any final order against you regarding this license.
		Have you ever been issued a license by a jurisdiction outside Lee County that was revoked, suspended or voluntarily relinquished? If, yes, attach an explanation of the circumstances involved.

**VI. Application Review:**

Your application should be complete at the time it is submitted to the Contractor Licensing Office. Failure to submit a complete application may delay review or result in a denial of your application. You will be scheduled for the next available hearing after receipt of your complete application. However, all material must be received ten (10) days prior to hearing date. The Construction Licensing Board will review your application at a regularly scheduled meeting. (Meetings are at 6:00 P.M., the third Tuesday of each month at 1500 Monroe Street, 1st Floor, Fort Myers, FL. 33901.)

You will receive a letter confirming the date and time your application will be presented to the Construction Licensing Board. County regulations require that you be present at this meeting to address any questions the Board may have concerning your application. **Failure to attend this meeting to answer questions may result in a denial of your application. In order to be prepared for this meeting, you should retain a complete copy of this application.**

**VII. Certification:**

**I hereby certify** that all of the information in this application is true and correct to the best of my knowledge. As a basis for the grant of licensure, I agree to comply with all codes, laws and regulations applicable to my trade and I will not undertake any work that is outside the scope of the license I have been granted. I understand that any misrepresentation with respect to the information provided in this application, or future submissions applicable to retaining any licensing granted to me, may be grounds for the denial or revocation of my Lee County Certificate of Competency.

\_\_\_\_\_  
Applicant's Signature

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

\_\_\_\_\_  
Applicants's Signature

\_\_\_\_\_  
Date

Do not write below this line.  
For Staff Review Use Only.

Applicant's Signature on p. 3	Properly Work Experience Notarized	Copy of Letters (Originals)	Other Photo I.D.	_____
[ ]	[ ]	[ ]	[ ]	[ ]

# VERIFICATION OF CONSTRUCTION EXPERIENCE

Lee County Development Services, Attention: Contractor Licensing  
P.O. Box 398, Fort Myers, Florida 33902  
Phone (239) 533-8895

Applicant's Name: \_\_\_\_\_

Certificate/Trade Category Requested: \_\_\_\_\_

The Applicant is seeking a Lee County Certificate of Competency in the trade indicated above. As part of the application for this certificate the Applicant must verify their 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 for you 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 following information must be provided by the person verifying trade experience for the above-named applicant:**

Name: \_\_\_\_\_  
(name of the person signing below and verifying the Applicant's relevant experience)

Title: \_\_\_\_\_ License Number: \_\_\_\_\_  
(e.g., Owner, Supervisor, Etc.)

Name of Company or Business: \_\_\_\_\_

Company or Business Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

E-Mail Address: \_\_\_\_\_

Business or Office Phone: ( ) \_\_\_\_\_

Applicant's Title (s): \_\_\_\_\_

The Applicant was employed by me from \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

The Applicant's scope of work (**identify specific duties**) while employed by me included: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List five (5) construction task/projects completed by applicant while employed by you/your company, including but not limited to task/project title, location and dated completed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate the type of contracting under taken by you/your organization and the total number of years of experience you have within that type of contracting: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List the amount of time the applicant has worked for you/your organization as a skilled worker: \_\_\_\_\_  
\_\_\_\_\_

List the amount of time the applicant has worked for you/your organization as a supervisor/administrator: \_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
(Signature of Person providing the statement)

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

[Application for Journeyman Cert of Competency.wpd/Revised 9/08/09]