



**Reciprocity Application**

5. U.S. Citizen? YES  NO

6. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

**EXPERIENCE INFORMATION – TO BE COMPLETED BY THE APPLICANT**

Present Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

✓ Name and Address of Previous Employer

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

Dates of Employment: \_\_\_\_\_ Position \_\_\_\_\_

✓ Name and Address of Previous Employer

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

Dates of Employment: \_\_\_\_\_ Position \_\_\_\_\_

✓ Name and Address of Previous Employer

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

Dates of Employment: \_\_\_\_\_ Position \_\_\_\_\_

Total years as Helper: \_\_\_\_\_ Total years as licensed Journeyman: \_\_\_\_\_

## Reciprocity Application

SCHOOLING – Provide copies of certificates/diplomas/transcripts

High School \_\_\_\_\_ No. Yrs attended \_\_\_\_\_

College \_\_\_\_\_ No. Yrs attended \_\_\_\_\_

Apprenticeship School \_\_\_\_\_ No. Yrs attended \_\_\_\_\_

I, \_\_\_\_\_, certify that this information is true and correct to the best of my knowledge and that any willful falsification of any information contained herein is grounds for disqualification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

by \_\_\_\_\_,

\_\_\_\_\_  
Signature of Notary

(Notary Seal)

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

### OFFICE USE ONLY

Reciprocity From: \_\_\_\_\_

Date Certification Issued: \_\_\_\_\_

Cap ID/COC #	App Fee paid \$	Date paid:	CLB Date:	Processed by:
	Cert Fee paid \$	Date paid:		

# SOCIAL SECURITY NUMBER DISCLAIMER

\*\* "Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9); 409,2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupations license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welform Reform Act), 104 Pub.L. 193, Sec.317."

You must print your name, Social Security Number, date and sign that you have read the disclaimer above:

\_\_\_\_\_ (Print Name) \_\_\_\_\_ (Social Security Number)

\_\_\_\_\_ Date \_\_\_\_\_  
(Sign)

**Please cut along dotted line and keep bottom portion of the disclaimer for your records**

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