

**BOARD OF  
COUNTY  
COMMISSIONERS**



**Purchasing Division**  
2300 Virginia Avenue  
Ft. Pierce, Florida 34982  
Phone: (772) 462-1700  
Facsimile: (772) 462-1704

**ST. LUCIE COUNTY APPRENTICESHIP PROGRAM  
REGISTRATION FORM**

**PLEASE TYPE OR PRINT CLEARLY:**

Date Submitted: \_\_\_\_\_

\_\_\_\_\_  
Full Legal or Parent Company Name

\_\_\_\_\_  
Additional Company Name or "Doing Business As "

\_\_\_\_\_  
Physical Street Address of business

\_\_\_\_\_  
Mailing Address or P.O. Box Number

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
City, State & Zip

County: \_\_\_\_\_

Tax I.D. Number: \_\_\_\_\_

**Contact Information:**

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Title

( ) \_\_\_\_\_  
Company Phone Number

( ) \_\_\_\_\_  
Company Fax Number

Please indicate trade(s) for which you are certified as an apprenticeship program with the State of Florida (i.e. electrician, plumber, roofer, carpenter, etc.)

**CERTIFIED STATE OF FLORIDA REGISTERED TRADE(S)**

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

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

Company Name: \_\_\_\_\_

To be considered a County-registered apprenticeship program, the following documentation is required:

- (1) Provide proof of certification of your apprenticeship program with the State of Florida
- (2) Current Valid License
- (3) Provide proof of having an educational facility located in St. Lucie, Martin, Indian River or Okeechobee Counties.

Address of educational facility: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

**On County-funded construction projects which exceed \$300,000, contractors must have twenty (20%) of workers in specialty trades for which there are certified apprenticeship programs registered with the County. The purpose of this registration form is to provide a list of registered apprenticeship programs to be included in the bid documents for contractors interested in bidding County projects. No guarantee is expressed or implied that any work will be contracted as a result of the submittal of this registration.**

**ACKNOWLEDGEMENT:**

Signature of Business Owner: \_\_\_\_\_

Print Name of Business Owner: \_\_\_\_\_

**APPROVED FOR COUNTY REGISTRATION:**

\_\_\_\_\_  
**OMB Director**

\_\_\_\_\_  
**Date**