DATE: _____

APPLICANT NUMBER: _____

LICENSE NUMBER: _____

FLAGLER COUNTY BUILDING DEPARTMENT

CONTRACTOR LICENSING

APPLICATION FOR COUNTY AUTHORIZED CONTRACTOR LICENSE

I hereby make application for a license to work in Flagler County, Florida as a:

Type _____ Class _____

I WILL BE QUALIFYING BY: (check one)

A. Proctored Class I examination …….. ☐
B. Proctored Class II examination . . . . ☐
C. Specialty Trade examination…..…… ☐
D. Specialty Trade (Non tested)…….. ☐
E. Reciprocity of proctored examination with _____ (name of city or county) ☐

****

Applicants Full Name _____Company Name _____

SUBMIT PROOF (DOCUMENT) OF CORPORATION NAME OR FICTITIOUS NAME

Phone:_____Cell:_____FAX:_____ Email:_____

Mailing Address _____

Street City/State Zip Code

Residence Address _____

Street City/State Zip Code

Have you ever applied for a Flagler license in this or any other field before? ☐ No ☐ Yes

If Yes: Type _____ ___ License #_____ Status _____How Long?_____ _____

Do you presently or have you ever held a contractor license from any other city, county or state? ☐ No ☐ Yes

If Yes: Where? _____License Status: _____

How Long? _____Type Held: _____

WORK HISTORY FOR PAST FIVE YEARS (Attach additional sheets if required):

Note company name here if self-employed Owner:

Presently Employed By: _____ Position_____

Employers Address_____ Phone (_____) _____

Street City/State

Previous Name of Firm	Where	When	Nature of Employment	Time in Charge	Any Violation of License Regulations

(THIS IS A TWO SIDED APPLICATION-COMPLETE REVERSE SIDE ALSO)
APPLICATION WILL BE RETURNED IF NOT FULLY COMPLETED

REFERENCES: List three persons, (not relatives) with definite knowledge of your trade qualifications.

Full Name	Business or Home Address	Occupation/Business
1.		
2.		
3.		

Have you ever been convicted of any crime, adjudged bankrupt or insane, refused a fidelity bond or been refused a contractors license or had one revoked? ____ No ____ Yes (If yes explain fully on separate sheet.)

Have you ever failed to complete a construction contract? ____ No ____ Yes

Have you ever been convicted of a violation of Chapter 489, Florida Statutes (Construction Industry Licensing Law)?

____ No ____ Yes

Have you ever been convicted of a violation of any other contracting regulations? ____ No ____ Yes

SHALL ATTACH PHOTO

(PHOTO REQUIRED)

Date of Birth _____

Month Day Year

Height: _____ Weight: _____ Color Eyes: _____ Color Hair: _____

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief.

_____

Signature of Applicant Date

FOR OFFICE USE ONLY: General Public Practice _____ Subcontractor Only _____

License Type_____License Number_____

Exam Date _____ Exam Grade _____ Jurisdiction _____

Business & Law: Exempt _____ Certificate _____ Test/Score _____ Date _____

Boards Vote: Approved _____ Date: _____ Disapproved _____ Date: _____

FEES: Fee must accompany application. Fee is not returnable after application has been entered in the records.

All Checks should be made payable to: Flagler County BOCC

Mail to: Contractor Licensing
1769 East Moody Blvd., Suite 104
Bunnell, Florida 32110
Phone (386) 313-4003 Fax (386) 313-4103