













1769 E. Moody Blvd Bldg 2 Bunnell, FL 32110 Phone: 386-313-4076

# RECIPROCITY CHECKLIST

- Application must be filled out completely.
- \$50 Application fee.
- Letter of Reciprocity from jurisdiction which you tested with passing grade of 75% which can be mailed, faxed or emailed to Flagler County.
- Copies of Business and Law Certificates (In class course and Online Course) or 75% Tested.
- Florida Department of State Division of Corporations (Sunbiz.org)
- Workers Compensation or Workers Comp. Exemption
- Liability Insurance (Flagler County Building Department will be the Certificate Holder)
- Pay \$100 for Active License card.







## Contractor Review Board

1769 E. Moody Blvd Bldg 2 Bunnell, FL 32110

www.flaglercounty.org

Phone: (386)313-4076 Fax# (386) 313-4102

#### FLAGLER COUNTY RECIPROCITY APPLICANT INFORMATION

Reciprocity in Flagler County may be granted to persons already licensed as contractors in many other Florida jurisdictions. Such applicants shall provide an original letter from the licensing official in the jurisdiction where their examination was administered. Details of the date of examination, type, grade, and class of contracting and any disciplinary actions shall be included in the letter. No reciprocity shall be accorded to applicants who have not passed an acceptable written examination and received a score of 75% or higher. Business & Law knowledge via test or course completion must be included to legally contract with the general public.

- 1. Request letter of reciprocity from the jurisdiction in which you took your trade examination. Letter may be mailed, emailed or faxed to Flagler County.
- 2. Complete application.

  All blanks must be filled in and completed to prevent application being returned for completion. Your picture must be attached to the application; copy of your driver's license is not acceptable.
- 3. Return with fees.

  All Trades Application Fee \$50.00 PLUS

  Active License Fee \$100.00 or Inactive License Fee \$30.00

#### STATE REGISTERED TRADES (CLASS I)

(General, Building, Res. Contractors, master Electrical, Plumbing, Heat A/C, and Mech., Swimming Pool, Roofing, Utilities, Solar, etc.)

\*\*Active license applicants must provide current State Registration, Liability, Workers' Compensation or Exemption and Corporation documents when applicable.

#### SPECIALTY STRUCTURAL TRADES (CLASS II)

\*\*Active license applicants must provide Liability and Workers Compensation or Exemption and Corporation documents when applicable.

#### INSURANCE CERTIFICATES MAY BE FAXED TO: 386-313-4102

MADE OUT TO: Flagler County Building Department/Contractor Licensing 1769 E. Moody Blvd. Bldg. 2
Bunnell, Florida 32110

If you have questions, call Flagler County Contractor Licensing Dept. (386) 313-4003

#### NOTE: ADDRESS CHANGES MUST BE PROMPTLY SUPPLIED

The County accepts no responsibility for undelivered correspondence or annual renewal notices.

Revised 9/13/17

## **Contractor Licensing**

1769 E. Moody Blvd Bldg 2 Bunnell, FL 32110



## www.flaglercounty.org

Phone: (386)313-4076 Fax: (386)313-4102

## FLAGLER COUNTY

### **CONTRACTOR LICENSING**

# APPLICATION FOR COUNTY AUTHORIZED CONTRACTOR LICENSE \*\*\*DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY\*\*\*

Date:	Qualifie	er Number:		License Number	er:			
Type:		<del></del>	Class: _					
<ul> <li>A. Proctored Class I Exar</li> <li>B. Proctored Class II Exa</li> <li>C. Specialty Trade (Not t</li> <li>D. Business and Law Exa</li> <li>E. Business and Law Exe</li> <li>F. Reciprocity of Proctor</li> </ul>	mination rested) mination mption Course red Examinatio	n (Name Of Co	unty or City)					
Applicants Full Name:								
Company Name:	···							
Phone:		Cell:		Fax:				
Email:								
Mailing Address:		·						
Physical Address:			Cit	y/State		Zip Code		
Physical Address:		·	Ci	ty/State		Zip Code		
Have you ever applied fo								
If Yes: Type:	Licenso	e Number:	S	itatus:	How Long:			
Do you presently or have								
If Yes: Where?	License Status:							
How Long?			_Type Held:					
Note company name he	-	-				•		
Presently Employed By:				Position	on:			
Employers Address:		Phone:						
Stre	et		City/Stat	ne				
WORK HISTORY FOR THE Previous Firm Name	HE PAST FIVE Y	EARS (Attach a When			A \ 11 - L - 42 a	on of		
The state of the s	Attele	vvnen	Nature of Employment	Time in Charge	Any Violatio License Regu			

REFRENCES: List three pe FULL NAME		BUSINESS OR H	OME ADDRESS	OCCUPATIO	ON/BUSINESS
1.			TOTAL ADDITION	OCCOPATION	J11/ DOSITION
2.					
3.					
lave vou ever heen convi	rted of any crime				
lave you ever been convid	dea or any crime,	adjudged bankru	upt or insane, refused a	fidelity bond or be	en refused a
ontractor's license or had	one revoked?	No	Yes (If yes explain fu	ally on separate she	eet)
lave you ever failed to con	mpiete a construc	tion contract?	NoYes		
lave you ever been convid	ted of a violation	of Chapter 489, F	Florida Statutes (Constru	uction Industry Lice	nsing Law)?
NoYes					
ave you ever been convic	ted of a violation	of any other cont	tracting regulations?	No	es ·
SHALL					
ATTACH		Month	Day		Year
PHOTO	Drivers License	Number			
		•			
	Height:	Weight:	Eye Color:	Hair Color:	
				•	
/D. (0770	I hereby certify	that the foregoin	ng statements are true a	and correct to the l	nest of my
(PHOTO	knowledge and		-8 -14(Cilloller alo tide t		ocar or,
REQUIRED)	The street of th				
				•	
Signature of Applicant			Data		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·	Date		
OR OFFICE USE ONLY: Ge	eneral Public Prac	tire: Suk	contractor Only		
oucher Number:		D Number:	Pas	sword:	
				•	
icense Type:			License Number:		
xam Date:	Exam Grade	<u>.</u>	Jurisdiction:		
_					
susiness & Law: Exempt:			Test/Score:	Date:	

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

All Checks should be made payable to: Flagler County BOCC

Mail to: Contractor Licensing 1769 East Moody Blvd., Bldg. 2 Bunnell, Fl 32110 Phone (386)313-4076 Fax (386)313-4102