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.

http://www.flaglercounty.org
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

Charles Ericksen, Jr.  Frank Meeker  Barbara Revels  Nate McLaughlin  George Hanns
District 1     District 2     District 3     District 4     District 5
**FLAGLER COUNTY**
**CONTRACTOR LICENSING**

**APPLICATION FOR COUNTY AUTHORIZED CONTRACTOR LICENSE**

***DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY***

<table>
<thead>
<tr>
<th>Date:</th>
<th>Qualifier Number:</th>
<th>License Number:</th>
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<tbody>
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<tr>
<th>Type:</th>
<th>Class:</th>
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<tbody>
<tr>
<td>A. Proctored Class I Examination</td>
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<tr>
<td>B. Proctored Class II Examination</td>
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<tr>
<td>C. Specialty Trade (Not tested)</td>
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<tr>
<td>D. Business and Law Examination</td>
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<tr>
<td>E. Business and Law Exemption Course</td>
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<tr>
<td>F. Reciprocity of Proctored Examination (Name Of County or City)</td>
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Applicants Full Name: ____________________________

Company Name: _________________________________

Phone: ___________ Cell: ___________ Fax: ______________

Email: ____________________________

Mailing Address: ________________________________________

Physical Address: ________________________________________

Street ___________ City/State ___________ Zip Code ___________

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

If Yes: Type: __________________ License Number: ___________ 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: __________________

Note company name here if self-employed Owner:

Presently Employed By: __________________ Position: __________________

Employers Address: __________________________________________

Street ___________ City/State ___________ Phone: __________________

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

<table>
<thead>
<tr>
<th>Previous Firm Name</th>
<th>Where</th>
<th>When</th>
<th>Nature of Employment</th>
<th>Time in Charge</th>
<th>Any Violation of License Regulation</th>
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APPLICATION WILL BE RETURNED IF NOT FULLY COMPLETED
REFERENCES: List three people, (not relatives) with definite knowledge of your trade qualifications.

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>BUSINESS OR HOME ADDRESS</th>
<th>OCCUPATION/BUSINESS</th>
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Have you ever been convicted of any crime, adjudged bankrupt or insane, refused a fidelity bond or been refused a Contractor’s 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

Date of Birth: ____________________________

Drivers License Number: ____________________

Height: _______ Weight: _______ Eye Color: _______ Hair Color: _______

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: _____

Voucher Number: ____________________ ID Number: ____________________ Password: ____________________

License Type: ____________________ License Number: ____________________

Exam Date: ____________________ Exam Grade: ____________________ Jurisdiction: ____________________

Business & Law: Exempt: _______ Certificate: ____________________ Test/Score: _______ Date: ____________________

Board Vote: Approved: _______ Date: ____________________ Disapproved: _______ 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