

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING EITHER YES OR NO:

Have you ever been convicted of any crime? Yes / No

Adjudged bankrupt? Yes / No

Adjudged Insane? Yes / No

Been refused a fidelity bond or been refused a contractors' license or had one revoked? Yes / No

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

Have you ever been convicted of a violation of Chapter 489 Florida Statutes (the Construction Industry Licensing Law)? Yes / No

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

(****If you answered yes to any of the preceding questions, explain fully on a separate sheet. *****)
WHAT/WHERE/WHEN?

Date of Birth: _____
month day year

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

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

Signature of Applicant

Date

STATE OF FLORIDA COUNTY OF ST. JOHNS

NOTARY as to Applicant below:

Sworn to or affirmed and subscribed before me

this _____ Day of _____ 20 _____

Notary Signature

Commission Number and Expiration Date _____

Known Personally _____ OR Identification _____ Type Identification _____

FOR OFFICE USE ONLY:

License Type _____ License Number _____

Exam Date _____ Exam Grade _____ Jurisdiction _____

Boards Vote: Approved _____ Disapproved _____ Date _____

FEES: Fee must accompany application. Fee is non-refundable after application has been entered in the records.

All Checks should be made payable to: St. Johns County

Mail To: Contractor Licensing / Building Department

4040 Lewis Speedway

St. Augustine, Florida 32084

Phone (904) 827-6820 Fax (904) 827-6847