



DATE: \_\_\_\_\_

APPLICANT NUMBER: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

**CONTRACTOR LICENSING  
ST. JOHNS COUNTY BUILDING DEPARTMENT  
APPLICATION FOR COUNTY AUTHORIZED CONTRACTOR LICENSE**

I hereby make application for a license to work in St. Johns County, Florida as a:

Type of license applying for \_\_\_\_\_ Class I or Class II

**QUALIFYING BY:**

A. Proctored Examination to be sponsored by St. Johns County .....

**OR**

B. Reciprocity of Proctored Examination from \_\_\_\_\_

(name of City or County reciprocating from)

\*\*\*\*\*

Applicant's Name: \_\_\_\_\_  
Last Name First Name Middle Name

E-Mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Business Name \_\_\_\_\_  
(The business you will be qualifying, submitting proof of Corporation/LLC/Fictitious Name info from Sunbiz.org)

Business Address \_\_\_\_\_

Home Address \_\_\_\_\_

**Have you ever applied for a St. Johns county license in this or any other field before? No Yes**

If Yes: Type \_\_\_\_\_ License # \_\_\_\_\_ Status \_\_\_\_\_ When? \_\_\_\_\_

**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? \_\_\_\_\_

**CONSTRUCTION EMPLOYMENT HISTORY FOR AT LEAST LAST FIVE YEARS (attach additional sheets if necessary): INCLUDE SELF EMPLOYMENT IF APPLICABLE. MOST CURRENT EMPLOYMENT FIRST.**

COMPANY NAME	WHERE	WHEN	NATURE OF EMPLOYMENT

**REFERENCES: List three persons on lines below, No Relation to You, with definite knowledge of your trade qualifications.**

NAME	CITY, STATE/PHONE NUMBER	OCCUPATION/BUSINESS

(COMPLETE PAGE TWO ON REVERSE SIDE)  
APPLICATION WILL BE RETURNED IF NOT FULLY COMPLETED

**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 of paper\***

**WHAT/WHERE/WHEN?**

Date of Birth: \_\_\_\_\_  
Month Day Year

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

**STATE OF FLORIDA**  
**COUNTY OF \_\_\_\_\_**

Sworn to (or affirmed) and subscribed before me  
by means of [ ] physical presence or [ ] online notarization,

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public-State of Florida) (Name of Notary Typed, Printed, or Stamped):

Personally known \_\_\_\_ OR Produced Identification \_\_\_\_ Type of Identification \_\_\_\_\_.

<b>FOR OFFICE USE ONLY:</b>	<b>General Practice</b> <input type="checkbox"/>	<b>Subcontractor only</b> <input type="checkbox"/>
License Type _____	License Number _____	
Exam Date _____	Exam Grade _____	Jurisdiction _____
Business & Law Certificates _____	Dates _____	Test/Score _____ Date _____
Boards Vote: Approved _____	Disapproved _____	Date _____

**\*\*FEES: Fee are due at time of application for testing/reciprocity. Fee is non-refundable after application has been entered in the records.**

St. Johns County  
Contractor Licensing / Building Department  
4040 Lewis Speedway  
St. Augustine, Florida 32084  
Phone: (904) 827-6820 Email: [conlicen@sjcfl.us](mailto:conlicen@sjcfl.us)