

*****STATE REGISTERED*****

**CHECK LIST FOR OBTAINING REGISTERED
WALTON COUNTY CONTRACTOR'S LICENSE**

If **grandfathered** in with another county, you will be required to take and pass Trade and Business & Law tests prior to applying to Walton County.

- 1. **APPLICATION FORM:** Must be completed. If you are Self-employed, write SELF-EMPLOYED on page 4.

- 2. **COPY OF STATE REGISTRATION CARD**

- 3. **LIABILITY INSURANCE:** Walton County Building Department **MUST BE** the certificate holder.

- 4. **WORKERS COMPENSATION:** Certificate of insurance with Walton County Building Department as certificate holder or Workers Comp Exemption Card from the State of Florida

- 5. **RECIPROCAL LETTER:** Letter(s) from the County in which sponsored you for the Trade and Business & Law examination. Letter(s) must show detailed information for trade and Business & Law exams to include scores (75% on each is required).

****VERY IMPORTANT** ALL PAPERWORK MUST RECORD YOUR COMPANY NAME EXACTLY AS IT APPEARS ON YOUR STATE LICENSE.**

It is a violation of F.S. 489.129 to perform contracting in a name that does not appear on your state license.

**Walton County Building Department
117 E. Sloss Ave. – P.O. Drawer 689
DeFuniak Springs, Florida 32433
(850) 892-8160; Email- license@mywaltonfl.gov**



**WALTON COUNTY CONTRACTORS' COMPETENCY BOARD
P.O. DRAWER 689
117 E. SLOSS AVE.
DEFUNIAK SPRINGS, FL 32435**

APPLICATION FOR WALTON COUNTY LICENSE

PART I REGISTRATION CATEGORIES

Check the category for which you're applying

<input type="checkbox"/> General	<input type="checkbox"/> Air Conditioning A, B or C	<input type="checkbox"/> Pool/Spa Servicing
<input type="checkbox"/> Building	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Commercial Pool/Spa
<input type="checkbox"/> Residential	<input type="checkbox"/> Sheet Metal	<input type="checkbox"/> Residential Pool/Spa
<input type="checkbox"/> Roofing	<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Exterior Application
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electrical	<input type="checkbox"/> Alarm I
<input type="checkbox"/> Specialty Structure	<input type="checkbox"/> Residential Electrical	<input type="checkbox"/> Alarm II
<input type="checkbox"/> Solar	<input type="checkbox"/> Sign Specialty Electrical	<input type="checkbox"/> Residential Alarm System

PART II CONTRACTOR INFORMATION

PLEASE PRINT OR TYPE

NAME: _____
LAST FIRST MIDDLE

HOME ADDRESS: _____
STREET CITY STATE ZIP

BUSINESS ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE #: _____
HOME BUSINESS CELL

DATE OF BIRTH: _____ DRIVER LICENSE#: _____

EMAIL ADDRESS: _____

License renewal reminders are sent by email. Please provide an email address.

YES () NO () Have you ever been refused a license or certificate or had disciplinary action taken against any license or certificate you hold or held as a contractor, or a skilled tradesman of any kind? If yes, give detail: _____

YES () NO () Has a complaint ever been filed with any state or local licensing agency against you or your business regarding contract work? If yes, give details: _____

YES () NO () Have you ever been arrested or charged with a misdemeanor or felony? If yes, give details: _____

YES () NO () Been charged with or convicted of acting as a contractor without a license, or if licensed as a contractor in this or any other state, had a disciplinary action (including probation, fine or reprimand) against such license by a state, county, or municipality?

PART III EDUCATION:

(Circle only last completed)

1. Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12
Please provide a copy of your degree if graduated from college.

2. Name and location of Technical/other school: _____

3. YES () NO () Do you possess a degree in engineering or a related field and/or hold a license as an engineer? If yes, give details and attach copy of degree and license: _____

4. YES () NO () Please list any license(s) or certificate(s) you hold or have held in Florida or another state to act as a contractor. (Attach copy)

TYPE OF LICENSE	LICENSE NUMBER	DATE OF ISSUE	JURISDICTION
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

I affirm the information I have given in this application is true and accurate. I understand any willful falsification constitutes grounds for disqualification. If I am currently a licensee, I understand action may be taken against my license(s) if untrue statements are made in this application.

I understand if I receive this application from any other source other than the Walton County Building Department, it may not be complete.

_____ Date

_____ Print Name

Sign only in the presence of a Notary: _____
Applicant's signature

TO BE COMPLETED BY NOTARY:

State of Florida
County of _____
Sworn to, subscribed and acknowledged before me by
means of () physical presence or () online notarization,
on this _____ day of _____, 20____
by _____
who () is personally known to me or () produced
identification _____.

Notary's Signature

Notary Seal:

OFFICE USE ONLY	
Date received: _____	
Application approved by: _____	Date approved: _____

PART IV NOTARIZED EMPLOYER VERIFICATION:

EMPLOYMENT VERIFICATION:

Notarized employer verification form must be submitted with application to substantiate experience when employed.

_____, _____
DATE YEAR

_____ is / was employed by
APPLICANT'S NAME

COMPANY VERIFYING EMPLOYMENT LICENSE # IF APPLICABLE

Located at _____
COMPANY ADDRESS

Worked from _____, _____ to _____, _____
DATES OF EMPLOYMET WITH COMPANY YEAR YEAR

What duties did applicant perform while at your employment? _____

Total time employed in a supervisory position _____

Total time employed in a managerial position _____

DATE EMPLOYER OR SUPERVISOR PRINT NAME

Sign only in the presence of a Notary: _____
SIGNATURE OF EMPLOYER OR SUPERVISOR

TO BE COMPLETED BY NOTARY:

State of Florida
County of _____
Sworn to, subscribed and acknowledged before me by
means of () physical presence or () online notarization,
on this _____ day of _____, 20____
by _____
who () is personally known to me or () produced
identification _____.

Notary's Signature

Notary Seal: