

**\*\*\*STATE REGISTERED\*\*\***

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

If Grandfathered in with another county, you will be required to test prior to applying with Walton County.

- 1. **APPLICATION FORM:** Must be completed. If you are Self-employed, write SELF-EMPLOYED on page 3 and omit this page.
  
- 2. **TEST SCORE RESULTS:** Must make at least 75% on:  
(Block, Experior, Prometric, GITS, or PROV test)
  - a. Trade test
  - b. Business and Law
  
- 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. **TWO LETTERS OF REFERENCE:** The letters are attached to the application form. Experience must be from field related professionals holding a state number with equal or higher qualifications than you are applying for. Letters must be notarized.

**6. COPY OF STATE REGISTRATION CARD**

**7. COPY OF SPONSORED COUNTY LICENSE**

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**Walton County Building Department  
P.O. Drawer 689  
DeFuniak Springs, Florida 32435  
Joy Holland, Office Manager  
(850) 892-8160; Email- [holjoy@co.walton.fl.us](mailto:holjoy@co.walton.fl.us)**



**PART III EDUCATION:**

(Circle only last complete)

1. Grade School: 1 2 3 4 5 6 7 8 9      High School: 1 2 3 4  
Please provide a copy of 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)

	<b>TYPE OF LICENSE</b>	<b>LICENSE NUMBER</b>	<b>DATE OF ISSUE</b>	<b>JURISDICTION</b>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

5. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**PART IV NOTARIZED EMPLOYER VERIFICATION:**

**EMPLOYMENT VERIFICATION:**

Notarized employer verification form must be submitted with application to substantiate experience. If you are self-employed you must obtain notarized letters verifying required experience from Building Official, local licensing agencies and contractor with whom you have been associated. There is no definite format to the letters from these individuals.

\_\_\_\_\_, \_\_\_\_\_  
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

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**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:

**PART V FINANCIAL RESPONSIBILITY APPLICANT STATEMENT**

Any applicant / licensee who answers “yes” to any question in this Financial Responsibility section of the application should include a statement detailing the steps taken by the applicant / licensee to prevent a recurrence of the circumstances leading to the conviction, discipline, judgment, bankruptcy, or other event leading to the response. The applicant may be required to appear before the Competency Board to answer questions regarding such responses.

Have you or a partnership in which you were a partner or authorized representative, or a corporation in which you were an officer or an authorized representative ever:

**CHECK YES OR NO**

YES NO

- A. Undertaken construction contracts or work that a third party, such as bonding or surety company completed or made financial settlements on?
- B. Had claims or lawsuits filed for unpaid or past due accounts by your creditors as a result of construction operations?
- C. Undertaken construction contracts or work which resulted in liens, suits or judgments being filed which were not satisfied without damage or harm to any third party?
- D. Had a lien against you by U.S. Internal Revenue Service or Florida Corporate Tax Division?
- E. Made an assignment of assets in settlement of construction obligations for less than the debts outstanding?
- F. 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?
- G. Filed for bankruptcy within the past five years?
- H. Been found guilty of any crime other than a traffic violation?

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

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by \_\_\_\_\_  
who ( ) is personally known to me or ( ) produced  
identification \_\_\_\_\_  
Notary's Signature

Notary Seal:

OFFICE USE ONLY	
Drivers License #: _____	Photo ID #: _____
State: _____	Date received: _____
Application approved by: _____	Date approved: _____

LETTER OF REFERENCE

Walton County Competency Board  
P.O. Drawer 689  
DeFuniak Springs, Florida 32435

Date: \_\_\_\_\_

To Whom It May Concern:

I can verify that \_\_\_\_\_ has had at least four years of experience working in the field of \_\_\_\_\_.

I feel that he/she will be a competent contractor for Walton County.

\_\_\_\_\_  
Contractor's Name (print)

\_\_\_\_\_  
Contractors State License number

Sign only in the presence of a Notary: \_\_\_\_\_

\_\_\_\_\_  
Contractor's Signature

**Experience must be from a field related professional holding a state number with equal or higher qualifications than you are applying for.**

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County of \_\_\_\_\_

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\_\_\_\_\_  
Notary's Signature

Notary Seal:

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Walton County Competency Board  
P.O. Drawer 689  
DeFuniak Springs, Florida 32435

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\_\_\_\_\_  
Contractor's Name (print)

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Contractors State License number

Sign only in the presence of a Notary: \_\_\_\_\_  
Contractor's Signature

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