



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

APPLICATE # \_\_\_\_\_

**LICENSING APPLICATION  
CLAY COUNTY BUILDING DEPARTMENT  
APPLICATION FOR COUNTY AUTHORIZED CONTRACTOR LICENSE**

I hereby make application for a license to work in Clay County, Florida as a

License Type \_\_\_\_\_

**QUALIFYING BY: (Make X on the line that is applicable)**

A. Proctored Examination..... \_\_\_\_\_

B. Reciprocity of proctored examination with ..... \_\_\_\_\_

.....  
Applicate Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Fax (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/County: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City/County: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
.....

**Have you ever applied for a Clay County license in this or any other trades before?** No \_\_\_ Yes \_\_\_

If Yes: Type: \_\_\_\_\_ License #: \_\_\_\_\_ Status: \_\_\_\_\_ How long? \_\_\_\_\_

**Do you presently or have every held a contractor license from any other city, county, or state?** \_\_\_ No \_\_\_ Yes

If yes, Where? \_\_\_\_\_ Current Status of License: \_\_\_\_\_

How long? \_\_\_\_\_ Trade Type: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicate

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

License Type \_\_\_\_\_ License # \_\_\_\_\_

Trade Exam Date: \_\_\_\_\_ Exam Grade: \_\_\_\_\_ Jurisdiction of Exam: \_\_\_\_\_

Business & Law: \_\_\_\_\_ Test/Score: \_\_\_\_\_