

State of Florida
Department of Business and Professional Regulation
Asbestos Licensing Unit
Application for License from Null and Void (Expired License)
Form # DBPR ALU 9

APPLICATION CHECKLIST — IMPORTANT — Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION	APPLICATION REQUIREMENTS
Licensure from Null and Void	<input type="checkbox"/> Complete all sections of this application. <input type="checkbox"/> Pay fee of \$555. (Make check payable to the Department of Business and Professional Regulation.) <input type="checkbox"/> Supporting legal documentation (if applicable). See Section 2(c) of Instructions. <input type="checkbox"/> Proof of completion of continuing education required for renewal: 32 hours for Consultant and 16 hours for Contractor. These hours must have been completed in either the previous or current renewal period.

Please mail your completed application, documentation and required fee(s) to:
 Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0783

INSTRUCTIONS

If you have any questions or need assistance in completing this form, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

1. General Requirements for Application for Licensure Through Null and Void Transaction

- a. All portions of the application must be completed.
- b. **This application should only be used by persons who have previously held a license as Asbestos Contractor or Asbestos Consultant. You should only apply for the same type of license previously held.**
- c. If your name has changed since your original license went null and void, you must submit documentation supporting this change. Acceptable documentation includes copies of legally recorded marriage certificates, divorce decrees, or other court documents. We suggest you submit copies of original documents as we will not return this documentation to you.
- d. Fee: \$555.00. (Make check payable to the Department of Business and Professional Regulation.)

2. Application Instructions

- a. Section I
 - i. Check only one of the application types.
 - ii. Provide your previous license number.
- b. Section II
 - i. Fill out each section completely.
 - ii. In the Full Legal Name section, applicants must use the name as it appears on his or her Social Security card. Do not use nicknames or initials.
 - iii. Applicants must furnish their current mailing address.
 - iv. Applicant's addresses are used only for Department purposes and will not be printed on the license.
 - v. All names, prior or current, other than the name signed to the application must be listed.
- c. Section III (a), (b), and (c)
 - i. Question 1:
 - (1) If you answer "yes" to this question, you must complete Section III (b) [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified

- statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
- (2) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
- ii. Question 2:
 - (1) If you answer “yes” to this question, you must complete Section III (b) [*make additional copies as necessary*] of the application and provide a copy of the judgment or decree. You must also supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
 - iii. Question 3:
 - (1) If you answer “yes” to this question, you must complete Section III (c) [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
 - iv. Question 4:
 - (1) If you answer “yes” to this question, you must complete Section III (c) [*make additional copies as necessary*] of the application and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.
- d. Section IV
 - i. Provide an explanation of the illness or economic hardship that prevented renewal of your license.
 - ii. Attach additional copies as necessary
 - e. Section V
 - i. Please read and sign the affirmation by written declaration. If the applicant fails to sign the affirmation statement, the Department will not process the application.

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For additional information see the Instructions at the beginning of this application.

Section I – Application Type

CHECK ONLY ONE OF THE APPLICATION TYPES	
<input type="checkbox"/> Asbestos Contractor License from Null and Void [5902/1038]	
<input type="checkbox"/> Asbestos Consultant License from Null and Void [5901/1038]	
PREVIOUS LICENSE INFORMATION	
Previous License Number	

Section II – Applicant Information

APPLICANT INFORMATION			
Social Security Number*			
FULL LEGAL NAME			
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)		Country	
CONTACT INFORMATION			
Primary Phone Number	Primary E-Mail Address		

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.



Section II – Applicant Information – continued

RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number		Fax Number	
Alternate E-mail Address			
CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
PRIOR NAME INFORMATION			
Have you used, been known as, or are currently known by another name (e.g., maiden name or nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If your answer is yes, state name or names used below:			
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix

Section III (a) – Background Questions

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes (If yes, please complete Section III (b))	<input type="checkbox"/> No	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	<input type="checkbox"/> Yes (If yes, please complete Section III (b))	<input type="checkbox"/> No	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?
3.	<input type="checkbox"/> Yes (If yes, please complete Section III (c))	<input type="checkbox"/> No	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	<input type="checkbox"/> Yes (If yes, please complete Section III (c))	<input type="checkbox"/> No	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

*If you answered "YES" to any question in questions 1-4 above, please refer to Section 2(c) of Instructions for detailed instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section III (b) for your response to questions 1 and 2, and complete Section III (c) for your response to questions 3 and 4. If you have more than two offenses to document in Section III (b), or more than one offense to document in Section III (c), attach additional pages as necessary.

Section III (b) – Explanation(s) for Background Questions 1 and 2

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

