

As a result of Governor Ron DeSantis signing HB 1091 into law, initial licensure fees are reduced by 50% for Fiscal Years 2023/2024 and 2024/2025. The total amount to be submitted for this application has been reduced from \$350.00 to \$250.00.

Please submit payment in the amount of \$250.00 with this application.

State of Florida
Department of Business and Professional Regulation
Construction Industry Licensing Board
2601 Blair Stone Road
Tallahassee, FL 32399-0783

ENDORSEMENT AS CERTIFIED CONTRACTOR

Section 489.115(3), Florida Statutes, provides for certification by endorsement for any applicant who:

(a) (**Option A**) Meets the requirements for certification as set forth in this section; has passed a national, regional, state, or United States territorial licensing examination that is **substantially equivalent** to the examination required by this part; and has satisfied the requirements set forth in s. 489.111 (*please note that **all** NASCLA endorsement applicants must select Option A*);

(b) (**Option B**) Holds a valid license to practice contracting issued by another state or territory of the United States, if the criteria for issuance of such license were **substantially equivalent** to Florida's current certification criteria;

(c) (**Option C**) Has held a valid, current license to practice contracting issued by another state or territory of the United States for at least 10 years before the date of the application provided that the license is currently active or was active within the last 2 years.

Applicants who wish to apply for endorsement using the examination administered by the National Association of State Contractor Licensing Agencies ("NASCLA") must also pass the Florida Business and Finance exam and attest to having passed an examination covering the Florida Building Code.

- Please note this option is only available to applicants applying for licensure as a Certified General Contractor, a Certified Building Contractor, or a Certified Residential Contractor.

The endorsement application is for individuals who are licensed in another state and wish to obtain licensure in Florida without taking the state certification examination. **Please note that endorsement application requirements relying on a comparison of a state specific test are very stringent and rarely approved by the Construction Industry Licensing Board.** Those individuals wishing to obtain licensure in Florida by endorsement should contact the Construction Industry Licensing Board for more information. Please call the Customer Contact Center at 850-487-1395.

For those applicants seeking licensure via reciprocity, please complete form CILB 32.

**Application for Certification by Endorsement
Form # DBPR CILB 10**

INSTRUCTIONS:

1. Select one option for endorsement qualification.
 - i. Applicants choosing **Option A** will need to:
 - i. Submit an official score report showing your score on the examination given by your state
 - ii. Submit Examination Evaluation Questionnaire that has been completed by the provider of the licensing examination given by your state (Pages 18 – 26 of this application).
 - iii. Complete Sections I through IV and IX through XIII of Application for Endorsement as Certified Contractor Form # DBPR CILB 10.
 - **If applying for NASCLA endorsement, items i. and ii. are not required.**
 - ii. Applicants choosing **Option B** will need to:
 - i. Submit a copy of your out-of-state license from the state in which you currently operate.
 - ii. Submit a copy of statutes and rules regarding licensing and contractor certification requirements that were in effect at the time of your licensure.
 - iii. Submit Examination Evaluation Questionnaire that has been completed by the provider of the licensing examination given by your state (Pages 18 – 26 of this application).
 - iv. Complete Sections I through III and IX through XIII of Application for Endorsement as Certified Contractor Form # DBPR CILB 10.
 - iii. Applicants choosing **Option C** will need to:
 - i. Submit verification of licensure from the state in which you are licensed which shows your current license status **and** that you have been licensed for **at least 10 years and** indicating if any disciplinary action has been taken against the license.
 - Please note that Florida issues licenses to individuals based on their qualifications. If your license reflects a company name you must provide verification that you are the qualifying person for this license.
 - ii. If applying to become a Certified General Contractor, a Certified Building Contractor, Certified Residential Contractor, or Certified Roofing Contractor, you must also provide proof of completion of a board approved 2-hour course on the Florida Building Code which includes information on wind mitigation techniques.
2. Applicants must also submit:
 - i. Fee: \$350 for Endorsement application. Make check payable to the Florida Department of Business and Professional Regulation.
 - ii. Electronic fingerprints.
 - iii. Credit report containing a credit score (FICO derived) on applicant from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state and federal levels.
 - iv. Proof of satisfaction of liens, judgments and discharge of bankruptcy, if applicable.
 - v. Supporting legal documentation, if necessary.
3. If applying to Qualify a Business, also submit:
 - i. Credit report on the business to be qualified from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state and federal levels.
Completed Sections V through VIII of Application for Endorsement as Certified Contractor Form # DBPR CILB 10.

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

APPLICATION REQUIREMENTS

Option A- Applicants must submit:

- Official score report showing your score on the examination given by your state (*not required for NASCLA endorsement*).
- Completed Examination Evaluation Questionnaire (pages 20-32 of this application) (*not required for NASCLA endorsement*).
- Completed Application for Endorsement as Certified Contractor Form # DBPR CILB 10.

Option B – Applicants must submit:

- Copy of out-of-state license from the state in which you currently operate.
- Copy of statutes and rules regarding licensure and contractor certification requirements that were in effect at the time of your licensure.
- Completed Examination Evaluation Questionnaire (pages 20-32 of this application)
- Completed Application for Endorsement as Certified Contractor Form # DBPR CILB 10 (*not required to complete Section IV*).

Option C – Applicants must submit:

- Submit verification of licensure from the state in which you are licensed which shows your current license status and that you have been licensed for at least 10 years and indicating if any disciplinary action has been taken against the license.
 - Please note that Florida issues licenses to individuals based on their qualifications. If your license reflects a company name you must provide verification that you are the qualifying person for this license.
- If applying to become a Certified General Contractor, a Certified Building Contractor, Certified Residential Contractor, or Certified Roofing Contractor, you must also provide proof of completion of a board approved 2-hour course on the Florida Building Code which includes information on wind mitigation techniques.
- Completed Application for Endorsement as Certified Contractor Form # DBPR CILB 10 (*not required to complete Section IV*).

ALL Applicants must ALSO submit:

- Fee:
 - \$350
 - Make check payable to the Florida Department of Business and Professional Regulation .
- Electronic fingerprints.
- Credit report containing a credit score (FICO derived)** on applicant from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state and federal levels. For a list of agencies, visit:
http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_credit_reporting_agencies.pdf.
 - See Section 9(b) of Instructions.
 - **If credit score is below 660 (FICO derived) applicant must provide proof of completion of a 14-hour financial responsibility course approved by the Board. For a list of approved courses, please visit:**
http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_approved_financial_responsibility_courses.pdf
- Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable.
- Supporting legal documentation, if necessary.

IF applying to Qualify a Business you must ALSO submit:

- Credit report on the business to be qualified from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state and federal levels. For a list of agencies, visit:
http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_credit_reporting_agencies.pdf.
- Completed Sections V through VIII of Application for Endorsement as Certified Contractor Form # DBPR CILB 10.

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

State of Florida
Department of Business and Professional Regulation
Construction Industry Licensing Board
Application for Certification by Endorsement
Form # DBPR CILB 10

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.
For additional information see the Instructions at the end of this application.

Section I – Application Type

SELECT ONE: <input type="checkbox"/> Option A – Complete Section IV <input type="checkbox"/> Option B <input type="checkbox"/> Option C		
<input type="checkbox"/> Individual Certified License (complete sections I-IV and IX-XIII) <input type="checkbox"/> Certified License and Qualify a Business (complete sections I-XIII) NOTE: If applying with a Financially Responsible Officer, the proposed Financially Responsible Officer must submit the CILB 8 application.		
CHECK ONLY ONE LICENSE CATEGORY		
For definitions and information on license categories please visit the Board's webpage and select the green box titled "License Types"		
<input type="checkbox"/> Building <input type="checkbox"/> Class A Air-Conditioning <input type="checkbox"/> Class B Air-Conditioning <input type="checkbox"/> Commercial Pool/Spa <input type="checkbox"/> General <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Pollutant Storage Systems <input type="checkbox"/> Residential <input type="checkbox"/> Residential Pool/Spa <input type="checkbox"/> Roofing <input type="checkbox"/> Sheet Metal <input type="checkbox"/> Solar	<input type="checkbox"/> Specialty: Building Demolition <input type="checkbox"/> Specialty: Dry Wall <input type="checkbox"/> Specialty: Gas Line <input type="checkbox"/> Specialty: Glass and Glazing <input type="checkbox"/> Specialty: Industrial Facilities <input type="checkbox"/> Specialty: Irrigation <input type="checkbox"/> Specialty: Marine <input type="checkbox"/> Specialty: Residential Pool/Spa Servicing <input type="checkbox"/> Specialty: Solar Water Heating <input type="checkbox"/> Specialty: Structure <input type="checkbox"/> Specialty: Swimming Pool Decking	<input type="checkbox"/> Specialty: Swimming Pool Excavation <input type="checkbox"/> Specialty: Swimming Pool Finishes <input type="checkbox"/> Specialty: Swimming Pool Layout <input type="checkbox"/> Specialty: Swimming Pool Piping <input type="checkbox"/> Specialty: Swimming Pool Structural <input type="checkbox"/> Specialty: Swimming Pool Trim <input type="checkbox"/> Specialty: Tower <input type="checkbox"/> Swimming Pool/Spa Servicing <input type="checkbox"/> Underground Utility and Excavation
<input type="checkbox"/> Select this box if you have passed the NASCLA examination and to affirm that you have passed the Florida Business and Finance exam and an exam covering the Florida Building Code (applicable only for the General, Building, and Residential license) – NASCLA applicants must complete Section IV and provide experience		

Section II – Applicant Personal Information

PERSONAL INFORMATION				
Social Security Number*				
FULL LEGAL NAME				
Last Name	First	Middle	Title	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		

* 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 Personal Information- continued

CONTACT INFORMATION			
Primary Phone Number		Primary E-Mail Address	
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 you currently known by another name (example - maiden name, pseudonym, 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 Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix

Section III –Insurance Coverage

INSURANCE
<p align="center">Minimum amounts required for General Liability insurance: General and Building Contractors - \$300,000 public liability; \$50,000 property damage All other categories - \$100,000 public liability; \$25,000 property damage</p>
1. Have you obtained public liability and property damage insurance in the amounts determined by rule of the Construction Industry Licensing Board, as specified above? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you obtained workers' compensation insurance or filed for an exemption with the Division of Workers' Compensation, and if not, do you attest that you will obtain an exemption within 30 days after your license is issued? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section IV – Qualifications for Certified License

PART A: METHOD OF QUALIFICATION

A person will qualify for a certified license by meeting one of the following requirements (check only one box below):

1. **Four year construction-related degree** from an accredited college (equivalent to three years experience) **and one year proven experience** applicable to the category for which you are applying.
2. **One year experience as a foreman and not less than three years** of credits from accredited **college-level courses**.
3. **One year experience as a worker, one year experience as a foreman, and two years** of credits from accredited **college-level courses**.
4. **Two years experience as a worker, one year experience as a foreman, and one year** of credits from accredited **college-level courses**.
5. **Four years experience** as a worker or foreman of which at **least one year must have been as a foreman**.

MILITARY VETERANS: A veteran will qualify for a certified license by meeting on of the following (check only one box below):

1. **Three years of military service and one year experience as a foreman** applicable to the category for which you are applying.
2. **Two years of military service, one year experience as a foreman, and one year experience as a worker or foreman** applicable to the category for which you are applying.
3. **One year of military service, one year experience as a foreman, and two years experience as a worker or foreman** applicable to the category for which you are applying.

Note – your employment history provided in Part B must demonstrate the appropriate time frames based on which method of qualification you selected.

TOTAL TIME OF EXPERIENCE FROM EMPLOYMENT HISTORY IN PART B:

Worker _____ Foreman _____

Note: The total time should equal or exceed the number of years of experience required for the qualification method selected in Part A.

Section IV – Qualifications for Certified License -continued

EMPLOYMENT HISTORY		
Employer Name and Address:		Dates Employed (mm/yyyy to mm/yyyy):
		Employer Phone Number:
Employer License Number:	Contact Name:	Email:
Role (Check only one): <input type="checkbox"/> Worker OR <input type="checkbox"/> Foreman		Dates of Project (mm/yyyy to mm/yyyy):
Description of work performed. (Check all that apply.)		
Project Name:		
Project Address:		
Project Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation		
Description of experience and work performed (specify the number of stories, square feet, materials, systems, methods, etc.):		

EMPLOYMENT HISTORY		
Employer Name and Address:		Dates Employed (mm/yyyy to mm/yyyy):
		Employer Phone Number:
Employer License Number:	Contact Name:	Email:
Role (Check only one): <input type="checkbox"/> Worker OR <input type="checkbox"/> Foreman		Dates of Project (mm/yyyy to mm/yyyy):
Description of work performed. (Check all that apply.)		
Project Name:		
Project Address:		
Project Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation		
Description of experience and work performed (specify the number of stories, square feet, materials, systems, methods, etc.):		

Section IV – Qualifications for Certified License -continued

EMPLOYMENT HISTORY		
Employer Name and Address:	Dates Employed (mm/yyyy to mm/yyyy):	
	Employer Phone Number:	
Employer License Number:	Contact Name:	Email:
Role (Check only one): <input type="checkbox"/> Worker OR <input type="checkbox"/> Foreman	Dates of Project (mm/yyyy to mm/yyyy):	
Description of work performed. (Check all that apply.)		
Project Name:		
Project Address:		
Project Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation		
Description of experience and work performed (specify the number of stories, square feet, materials, systems, methods, etc.):		

Section V – Business to be Qualified Information (Not required if applying for Individual status)

BUSINESS TO BE QUALIFIED	
Business Name:	
Doing Business As (D/B/A):	Federal Employer ID Number (FEID):
Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (please specify): _____	
Is this business already qualified? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If so, provide the License Number under which the business is qualified:	
Qualifier Name:	License Number:
Qualifier Name:	License Number:
Qualifier Name:	License Number:
Qualifier Name:	License Number:

Section V – Business to be Qualified Information- continued

MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code	
County (if Florida address)		Country	
BUSINESS CONTACT INFORMATION (IF DIFFERENT THAN APPLICANT INFORMATION)			
Contact Name:			
Phone Number of Contact		E-Mail Address of Contact	
BUSINESS LOCATION ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City	State	Zip Code (+4 optional)	
County (if Florida address)		Country	

Section VI – Primary Qualifier Information (Not required if applying for Individual status)

PRIMARY QUALIFIER	
Name of person legally appointed as the qualifier to act for the business organization in all matters connected with its contracting business, and who has been given authority to supervise all construction work performed by the business (this must be the applicant or a licensed contractor):	
Primary Qualifying Agent Name:	License Number (if applicable):
All primary qualifying agents for a business organization are jointly and equally responsible for supervision of all operations of the business organization; for all field work at all sites; and for financial matters, both for the organization in general for each specific job.	
<p>If you do not have final approval authority on all business matters for the business organization, it may be in your best interest to appoint a Financially Responsible Officer. The appointment of a Financially Responsible Officer relieves the primary qualifying agent from financial responsibility, but the primary qualifying agent is still responsible for all construction-related matters.</p>	
Please check one of the below boxes relating to the financial responsibility of the proposed business:	
<input type="checkbox"/> The business currently has an approved Financially Responsible Officer. Name and license number of Financially Responsible Officer: _____	
<input type="checkbox"/> The business will appoint a Financially Responsible Officer. Name of proposed Financially Responsible Officer who will be submitting the CILB 8 application: _____	
<input type="checkbox"/> The business will not designate a Financially Responsible Officer. As primary qualifying agent I will assume financial responsibility for the business organization.	

Section VII – Secondary Qualifier Information (Optional) (Not required if applying for Individual status)

SECONDARY QUALIFIER	
Name of person legally appointed as a secondary qualifier and is responsible only for the supervision of fieldwork at sites where his or her license was used to obtain the building permit and any other work for which he or she accepts responsibility (this must be the applicant or a licensed contractor):	
Secondary Qualifying Agent Name:	License Number (if applicable):
A secondary qualifying agent is not responsible for the supervision of financial matters.	

Section VIII – Business Ownership (Not required if applying for Individual status)

BUSINESS OWNERSHIP			
List below the business owners and the percentage of ownership for each. The total must equal 100%. Attach additional copies as necessary.			
Name of Owner	Address	Social Security #/ FEID	% of ownership

Section IX – Financial Responsibility & Stability Requirements

FINANCIAL RESPONSIBILITY & STABILITY	
See Section 2(i) of Instructions for information on completing this section.	
<ul style="list-style-type: none"> CREDIT REPORT The applicant must submit a credit report containing a credit score (FICO derived) from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state, and federal levels. (See Instructions for more information). FINANCIAL RESPONSIBILITY & STABILITY REQUIREMENTS Financial responsibility & stability can be demonstrated by a credit score of 660 or higher and no unsatisfied judgments or liens. (See Rule 61G4-15.006, Florida Administrative Code for details). <p>Does the submitted credit report show a credit score of 660 or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, the financial stability requirement must be met by providing proof of completion of an approved 14-hour financial responsibility course.</p>	
<p>Have you completed a financial responsibility course approved by the Construction Industry Licensing Board? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please complete the fields below.</p>	
School Name:	School Provider #:
Name of Course:	
Date(s) Attended:	

Section X – Background Questions

BACKGROUND QUESTIONS	
Instructions:	
<p>The Applicant and Authorized Representative(s) of the business must answer the background questions in this section.</p>	
<p>Authorized Representative(s) of the business are any of the following:</p> <ul style="list-style-type: none"> • All officers and directors (if qualified business is a corporation or any other business entity with officers and directors) • All members and managers (if qualified business is a LLC) • All partners (If qualified business is a partnership) • All members (if qualified business is a business entity other than those described above) 	
<p>NOTE: Accuracy of Authorized Representative(s) of the business may be checked on the Florida Division of Corporations website www.sunbiz.org.</p>	
<p>If YES to questions 1 or 2, please complete section XI. If YES to questions 3 or 4, please complete section XII.</p>	
<p>1. Have you ever been convicted or found guilty of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? 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.</p>	
<p>2. Are there any pending bankruptcies or unsatisfied judgments or liens against yourself, a business you previously qualified, which were filed during your period of qualification, or the business you are applying to qualify? This question applies to any unpaid judgments or liens, including those for unpaid past-due bills by creditors, construction and non-construction issues, and tax liens.</p>	
<p>3. 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?</p>	
<p>4. Have you ever had any license, registration, or permit to practice any regulated profession, occupation, vocation, or business, revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?</p>	

Section X – Background Questions– continued

Person #	Indicate each response by checking “Yes” or “No”	Question Number.			
		1	2	3	4
1	Applicant – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:				
2	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:				
3	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:				
4	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:				
5	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:				
6	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:				
7	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:				
8	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:				

If you answered “YES” to any question in questions 1 – 4 above, please refer to Sections 2(j-l) of Instructions for detailed instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section XI for your response to questions 1 and 2, and complete Section XII for your response to questions 3 and 4. If you have more than three offenses to document in Section XI or more than two offenses in Section XII, attach additional pages as necessary.

Section XI – Explanations for “Yes” answers to Questions 1-2 – Attach additional copies as necessary

EXPLANATION		
This explanation relates to person # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> _____		This explanation relates to question # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

Section XI – Explanations for “Yes” answers to Questions 1-2 – continued

EXPLANATION		
This explanation relates to person # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> ____	This explanation relates to question # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

EXPLANATION		
This explanation relates to person # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> ____	This explanation relates to question # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

Section XII – Explanations for “Yes” answers to Questions 3-4 – Attach additional copies as necessary

EXPLANATION	
This explanation relates to person # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> ____	This explanation relates to question # (check one): <input type="checkbox"/> 3 <input type="checkbox"/> 4
State/Jurisdiction:	Application Type/License Number:

Section XII – Explanations for “Yes” answers to Questions 3-4 – continued

EXPLANATION	
This explanation relates to person # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> _____	This explanation relates to question # (check one): <input type="checkbox"/> 3 <input type="checkbox"/> 4
State/Jurisdiction:	Application Type/License Number:

Section XIII – Affirmation by Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.	
Signature:	Date:
Print Name:	

EXAMINATION EVALUATION QUESTIONNAIRE

Do not complete this questionnaire if you are applying for Endorsement via the NASCLA examination

EXAMINATION DESCRIPTION

1. What is the name of this examination?
2. What profession is licensed or certified through this examination?
3. What is the purpose of this examination?
4. When was this examination first offered?
5. What level of performance is this examination designed to determine/measure (e.g., minimum competency)?
6. Indicate the type of certification or licensure that applies to this examination.
 - a. Certification examination which candidates take on a voluntary basis
 - b. National Board examination used for licensure or certification
 - c. Other (specify) _____ :

ASSOCIATION TYPE

7. Is the examination developed for a national professional association, board, council or society (herein after referred to as the association)?
8. What is the name of the national association? Include a copy of the association's by-laws and most recent annual report.

Name:

Address:

Phone:

Email:
9. Association's contact person regarding this examination:

Name:

Title:

Address:

Phone:

Email:

10. Provide a brief description of the association's history and purpose. Include the year when the association began operating.
11. What are the names and addresses of the association's current Board of Directors?

ASSOCIATION MEMBERSHIP

12. Include or attach a list of any state government licensing boards or councils that are members of the association.
13. Include or attach a list of any state government licensing boards or councils that use this examination for licensure or certification.

ASSOCIATION ROLE

14. Who is currently responsible for **development** of the examination?
- a. Association only
- b. Testing company on ongoing contract
- c. Testing company on consult/as-needed basis
- d. Jointly by association and testing company
- e. Other(specify):
15. Who is currently responsible for the **scoring** of the examination?
- a. Association only
- b. Testing company on ongoing contract
- c. Testing company on consult/as-needed basis
- d. Jointly by association and testing company
- e. Other(specify):
16. Who is currently responsible for **overseeing the psychometric aspects** of the examination?
- a. Association only
- b. Testing company on ongoing contract
- c. Testing company on consult/as-needed basis
- d. Jointly by association and testing company
- e. Other(specify):
17. Who **establishes the security guidelines** for this examination?
- a. Association only
- b. Testing company on ongoing contract
- c. Testing company on consult/as-needed basis

- d. Jointly by association and testing company
- e. Other(specify):
18. Who oversees **enforcement of the security guidelines** during examination **development**?
- a. Association only
- b. Testing company on ongoing contract
- c. Testing company on consult/as-needed basis
- d. Jointly by association and testing company
- e. Other(specify):
19. Who oversees **enforcement of the security guidelines** during examination **administration and scoring**?
- a. Association only
- b. Testing company on ongoing contract
- c. Testing company on consult/as-needed basis
- d. Jointly by association and testing company
- e. Other(specify):
20. Indicate who has **legal ownership** of the examinations and the item banks.
- a. Association only
- b. Testing company exclusively
- c. Jointly by association and testing company
- d. Other (specify):

CONTENT AND IDENTIFICATION OF EXAMINATION

21. Are there multiple parts to this examination?
22. If so, does each part require a separate passing score?
23. What is the format of this examination (e.g., multiple choice, true/false, short answer, performance)? List parts separately.
24. If multiple choice, are "two-tiered" or "k-questions" used? If yes, approximately what percent are "two-tiered" or "k-questions"?
25. How many questions are on this examination? List parts separately.
26. What are the content areas for this examination? Include or attach a description of the content areas including the percentage of items allocated to each area.
27. What is the typical make-up of this examination for any given administration?

- a. How many forms are available at any given time?
 - b. Do forms have common items and if so approximately how many?
 - c. Number of new items not used on any prior form (excluding pilot/field test items)
 - d. Number of pilot/field test items (which will not be used in computing scores)
28. Approximately what percent of the items on this examination address each of the following cognitive levels?
- a. Knowledge (Recall)
 - b. Application or higher
29. Are all items on this examination weighted equally during scoring? If not, please explain.

VALIDITY OF THE EXAMINATION

30. Is the content of this examination based on a job/task analysis? If not, please specify on what basis examination content was determined.
31. When was the most recent job/task analysis performed (or updated)?
32. Describe the methods and procedures used to construct the job/task analysis survey instrument. Include a copy of the instrument.
33. What criteria were employed by the survey respondents or participants in rating each task (such as frequency, potential for harm, relevancy for a new licensee)?
34. Describe the job/task analysis data collection methods. Include a copy of the final report with details such as sampling methodology, sample size, and other pertinent details.
35. Briefly describe the methodology used to determine the importance rating for each task; including scales, weights and any mathematical formula.
36. What is the approximate reading level of this examination? (in school grade level)

37. If there is a legal challenge on the validity of this examination or to specific items by a candidate, would your organization or the testing company developing this examination defend the examination's validity or items?
38. Would your organization or the testing company developing the examination cover the cost of legal defense of this examination?

NEW ITEM WRITING AND REVIEW

39. Briefly describe how subject matter experts are selected for item writing and their qualifications. Include information on regions of the country represented, average years of experience in the field, and any other information you consider pertinent.
40. How many subject matter experts review each item for both accuracy and relevancy to the practice?
41. Do item writers also serve as item reviewers?
42. Describe your item writing **and** review procedures. Include training methods and procedures for submitting items (e.g., mailed-in versus workshop.) Please provide copies of your item writing and review manuals or guidelines.

RELIABILITY OF ITEMS

43. Are new items field tested prior to use on this examination? If so, what method is used (e.g., inclusion of field test items in regular exam administrations)?
44. Is a statistical item analysis performed after each exam administration? If yes, indicate who reviews the item analysis and what action is taken on poorly performing item. Please provide a copy of a sample item analysis.
45. Please provide reliability coefficients (e.g., KR-20) for the forms currently in production.

EXISTING ITEM BANK

46. How many **usable** items are in the item bank(s) for this examination?

47. What information is stored on each item in the item bank? (e.g., item statistics, item review dates, author, references, etc.)
48. How often is the item bank reviewed for currency by subject matter experts? Include how many subject matter experts are used.
49. Please describe the item banking system used to store your items.

SCORING AND MINIMUM PASSING

50. What quality control procedures are used to assure the accuracy of the scores? (e.g., hand scoring,)?
51. Is the passing score based on a particular percent correct, a standard setting technique (e.g., Angoff), or norm-referenced (e.g., one standard deviation below the mean score of a reference group)?
52. When was the most recent standard setting study conducted?
53. How many of the subject matter experts used for the standard setting had less than three years of experience as a licensed professional in the field?
54. Describe the standard setting procedure used (include the number of subject matter experts involved and their qualifications.)
55. If a criterion referenced or content based standard setting approach is used, is a new passing score set for each administration of the examination or are subsequent forms equated back to previous forms?
56. If applicable, what equating method is used?

SECURITY OF EXAMINATION

57. Describe the security of the **physical** facility where examination material and/or item banks are stored. (e.g., building security, vault security, electronic security, etc.)
58. Briefly describe the security of the item banking system and electronic examination delivery system.
59. Describe the security guidelines in force during all phases of the examination process. (e.g., item writing, item review, examination preparation, printing, delivery, etc.) Supply a copy of these guidelines if possible.

60. Who, in addition to those actually involved in test development or test administration, has access to this examination (e.g., is examination sent to Boards or professional organizations for review)?
61. How frequently are new forms of this examination produced?
62. Describe any security breaches against this examination during the past three years.

ADMINISTRATION OF EXAMINATION

63. Who is currently responsible for the **administering** the examination?
- a. Association only
- b. Testing company on ongoing contract
- c. Testing company on consult/as-needed basis
- d. Jointly by association and testing company
- e. Other specify):
64. If a testing company is indicated above, provide the name(s) of the testing company(s). If more than one testing company is used, also cite which services are provided by each company.

Company Name:

Contact Person:

Address:

Phone:

Fax:

Email:

Services:

65. How much time are candidates given to complete this examination? (list parts separately)
66. How frequently is this examination administered? In what locations?
67. Include or attach a copy of the examination instructions.

CANDIDATE ELIGIBILITY AND RESOURCES

68. Does your organization have an established set of eligibility criteria which candidates must meet prior to being permitted to sit for this examination (e.g., minimum educational requirements)? If yes, please attach a copy of these requirements.
69. Please provide a copy of any descriptive information (e.g., Candidate Information Booklet) that is prepared for use by examinees. If an additional fee is charged for this information (beyond the purchase price for this examination), what is the fee?
70. Are candidates required to purchase specific references for the examination? If so, please list the references and the cost to the candidate.
71. Can examinees purchase additional information about the examination (supplemental to the information provided to all examinees) if they so desire? Please describe any such information.

SCORE REPORTING

72. What kinds of scores are reported (e.g., percent correct, scaled scores, pass/fail status only)?
73. If scores other than percent correct are reported, please provide an equivalent percent correct for the passing scores on the last three examinations.
74. How are Boards notified of a candidate's score?
75. Are written grade reports provided to the candidate by the national association or its testing vendor? If yes, include a copy of a sample grade/score report and any interpretation guide.

CANDIDATE REVIEW OF EXAMINATION

76. Are failing candidates permitted to review a copy of the examination and the answer key? If yes, indicate what fee, if any is charged per candidate.
77. Would you (the provider) respond to objections/challenges to examination items submitted by Florida candidates?

78. May the Department obtain a copy of the examination for review by o and/or our consultants (we would be willing to meet your security requirements)?

VENDOR SERVICES

79. Do examinees remit fees directly to your organization or are fees collected by the user of the examination (e.g., the state Board office)?
80. Does Florida need to become a member of your national organization in order to purchase or use the examination? If yes, indicate the amount of the membership and annual fee.

CERTIFICATION STATEMENT

81. Indicate the contact person for questions regarding this survey:

Name:

Title:

Address:

Phone:

Fax:

Email:

82. Certification: The individual listed below hereby certifies that all responses to this survey are correct to the best of his or her knowledge.

Name:

Title:

Date:

LIST OF REQUESTED DOCUMENTS BY QUESTION NUMBER

- copy of the association's by-laws and annual report (8)
- list of any state government licensing boards or councils which are members of the association (12)
- list of any state government licensing boards or councils which use this examination for licensure or certification (13)
- copy of the test blueprint/specifications for this examination (question 26)
- copy of job/task analysis survey instrument (32)
- copy of the Job Analysis Report (34)
- item writing/review procedures; including training methods and procedures (42)
- copy of sample item analysis (44)
- copy of security guidelines for all phases of exam development and administration (59)
- Examination instructions (67)
- candidate eligibility criteria (68)
- copy of Candidate Information Booklet or other information to candidates (69)
- sample grade report (75)

State of Florida
Department of Business and Professional Regulation
Construction Industry Licensing Board
Application for Certification by Endorsement
Form # DBPR CILB 10

INSTRUCTIONS

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

All License Applicants:

1. Must select one method of qualification and meet the requirements of that method of qualification.
2. Must submit electronic fingerprints.
 - a. Pursuant to Chapter 455, Florida Statutes, electronic fingerprinting is mandatory for all Construction Initial License, Initial Business, Additional Business, Transfer (Change of Status), and Endorsement applications. Electronic fingerprinting allows applicants to have their fingerprints scanned and electronically submitted to the Florida Department of Law Enforcement and Federal Bureau of Investigation.
 - b. Electronic Fingerprinting is located at various convenient sites throughout the state. See <http://www.myfloridalicense.com/DBPR/fingerprinting/> for more information.

Application Instructions (by section)

1. Section I- Application Type

- a. Select whether you are applying under **Option A, Option B, or Option C.**
 - i. If you are applying through Option A **you must** complete the entire application including the Examination Evaluation Questionnaire **unless** you are applying for Individual status (see below instructions for more information).
 - ii. If you are applying through Option B you must complete entire application with the exception of section IV, including the Examination Evaluation Questionnaire **unless** you are applying for Individual status (see below instructions for more information).
 - iii. If you are applying through Option C you must complete entire application, with the exception of section IV, **unless** you are applying for Individual status (see below instructions for more information).
 - iv. Please see page 1 for more information about Options A, Option B and Option C.
- b. Individual Certified License
 - i. Select this application type if you plan to conduct business as an individual with this license.
 - ii. Complete sections I through III, section IV if required, sections IX through XIII, and the Examination Evaluation Questionnaire.
- c. Certified License and Qualify a Business
 - i. Select this application type if you will qualify only one business entity with this and any other construction contractor licenses you hold within the state of Florida.
 - ii. Complete sections I through III, section IV if required, sections V through XIII, and the Examination Evaluation Questionnaire.
- d. Select the license category you wish to be licensed in. You may only select one license category.
- e. Select this **ONLY** if you have taken and passed the examination administered by the National Association of State Contractor Licensing Agencies, the Florida Business & Finance exam, and an exam covering the Florida Building Code.

2. Section II- Applicant Personal Information

- a. Fill out each section completely. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.

- b. In the Full Legal Name section provide your full legal name as it appears on your Social Security card. Do not use any nicknames or initials. Please list any aliases or prior names in the prior name information section.
- c. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- d. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
- e. Applicants are required to provide at least one physical address – i.e., not a P.O. Box. If the mailing address is not also your physical address, please provide a physical address.
- f. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
- g. Applicants must provide information on current or prior licenses held in Florida or any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.
- h. Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant's legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.

3. Section III – Insurance Coverage

- a. Complete this section entirely.
- b. Applicants must have adequate workers' compensation and liability insurance as specified by the Construction Industry Licensing Board.
 - i. Amounts for general liability insurance are specified in the application. Amounts for workers' compensation insurance are outlined in [Chapter 440, Florida Statutes](#).
 - ii. See [Section 489.115\(5\)\(a\), Florida Statutes](#), and [Rule 61G4-15.003, F.A.C.](#) for more information.
- c. To verify the accuracy of the signed affidavit, the Board will, from time to time, conduct random sample audits of licensees by zip code area in which the total number of certificates and registrations selected for audit will be in a sufficient amount to insure the validity of the audit.

4. Section IV – Qualifications for Certified License

- a. Definition of "foreman"
 - i. Person who is in charge of a group of workers and usually is responsible to a superintendent or a contractor or his or her equivalent
- b. Definition of "worker"
 - i. A person who through active experience as a worker has learned the trade by serving an apprenticeship as a skilled worker who is able to command the rate of a mechanic in the particular trade.
- c. Definition of "accredited college-level course"
 - i. This refers to academic credit from an accredited college. All junior college or community college-level courses shall be considered accredited college-level courses.
- d. Part A: Method of qualification. Applicant must select one of the following methods of qualification:
 - i. Four year construction-related degree from an accredited college (equivalent to three years experience) and one year proven experience applicable to the category for which you are applying.
 - (1) Definition of "construction-related degree", a baccalaureate degree from an accredited 4-year college in the appropriate field of engineering, architecture, or building construction.
 - ii. One year experience as a foreman and not less than three years of credits from accredited college-level courses.
 - iii. One year experience as a worker, one year experience as a foreman, and two years of credits from accredited college-level courses.
 - iv. Two years experience as a worker, one year experience as a foreman, and one year of credits from accredited college-level courses.

- v. Four years experience as a worker or foreman of which at least one year must have been as a foreman.
- vi. **Note:** One year of experience is equal to 2000 hours.
- e. Part B: List your employment history for the years of experience required for the method of qualification you selected in Part A.
 - i. Provide the name and address of your employer.
 - ii. Provide the dates of your employment with that employer.
 - iii. Provide a phone number for the employer.
 - iv. Provide the license number of the employer.
 - v. Provide the name of a contact for the employer.
 - vi. Provide an email address for the employer or the contact person for the employer.
 - vii. Select whether work experience with that employer was as a worker or a foreman, and indicate how many years (yrs) and months (mths) you worked in that capacity.
 - (1) If you worked as both a worker and foreman for that employer, please check both boxes and indicate the amount of time you worked in each capacity.
 - viii. Provide the dates that you worked on the project you are using to provide experience.
 - ix. Provide a full description of the work performed on the project.
 - (1) Provide the project name, address, and type.
 - (2) Provide a full description of the experience and work you performed on the project. Specify the height, square footage, materials, methods, systems, etc.
 - x. Indicate the total time of experience as a worker and foreman from your employment history.
 - (1) **Note:** the total time should equal or exceed the number of years of experience required for the qualification method selected in Part A.
 - xi. Use additional copies of the employment history section as necessary.

5. Section V- Business to be Qualified Information

- a. Complete this section entirely.
- b. Provide the name of the business to be qualified as it is registered with the Florida Division of Corporations.
- c. The "Doing Business As" (D/B/A) name must be provided as it is registered with the Florida Division of Corporations, if the business uses a fictitious name to conduct business.
- d. Applicants must provide the Federal Employer Identification Number (FEID) for the business to be qualified.
- e. Select the box that indicates the type of business ownership for the business to be qualified.
- f. Applicants must state whether the business to be qualified is already qualified by another contractor. If so, provide the qualifying contractor's name and license number in the spaces provided.
- g. Applicants must provide the business mailing address of the business to be qualified.
- h. Business contact information is often used to quickly resolve questions with applications by telephone call or email. Please provide the name of an authorized representative of the business other than the primary qualifier. This could be an officer, a partner, etc. If the business is a Sole Proprietorship, you may leave the contact information field blank.
 - i. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
- i. Provide the business location address of the business to be qualified. If this address is the same as the mailing address you may leave this information blank.

6. Section VI- Primary Qualifier Information

- a. All construction businesses must have a primary qualifier.
- b. If this application is for a business that is not qualified by another contractor, the applicant must be the primary qualifier.
- c. If this application is for a business that is already qualified by another primary qualifier, the applicant may apply to be an additional primary qualifier or a secondary qualifier.
 - i. If you will be an additional primary qualifier, complete this section by inserting your name as the "Primary Qualifying Agent." You will not provide a license number since it has not been issued.

- ii. If you will be a secondary qualifier, complete this section by inserting the name and license number of the “Primary Qualifying Agent”; and complete Section VI.
- iii. All primary qualifiers are jointly and equally responsible for supervision of all operations of the business organization; for all field work at all sites; and for financial matters, both for the organization in general and for each specific job.
 - (1) If the primary qualifier does not have final approval authority on all business matters, they may wish to appoint a Financially Responsible Officer. Failure to appoint a Financially Responsible Officer will result in the Primary Qualifier being financially responsible for all construction matters of the business entity.
 - (a) If the business entity has already appointed a Financially Responsible Officer, provide the name of that individual.
 - (b) If the business entity has not appointed a Financially Responsible Officer and will appoint someone to be the Financially Responsible Officer in connection with this application, provide the name of that individual (that individual must also submit the CILB 8 application form).

7. Section VII- Secondary Qualifier Information

- a. Complete this section entirely, if the applicant will be a secondary qualifier.

8. Section VIII- Business Ownership

- a. Complete this section entirely.
- b. List the name, address, Social Security number, and percentage of ownership for all persons who have an ownership interest in the business to be qualified.
 - i. If an owner of the business is a company, please list the Federal Employer Identification Number (FEID) of the owning company.
- c. The percentage of ownership for all owners together must equal 100%.

9. Section IX- Financial Responsibility & Stability Requirements

- a. Complete this section entirely.
- b. Applicants must meet financial responsibility and stability requirements by submitting a credit report with a **FICO derived credit score**.
 - i. Financial responsibility – this requirement is met if the submitted credit report shows no outstanding unsatisfied judgments or liens against the applicant.
 - (1) **Applicants must submit proof of satisfaction of liens, judgments, and discharge of bankruptcy if these are shown on the credit report.**
 - ii. Financial Stability – this requirement is met if the submitted credit report shows a FICO derived credit **score of 660 or higher**.
 - (1) If the applicant has a FICO derived credit score less than 660, he or she must provide proof of completion of a 14-hour financial responsibility course approved by the Board. See Financial Responsibility and Financial Stability, Grounds for Denial Rule 61G4-15.006, F.A.C. for more information.
 - (2) You only need to complete the 14-hour financial responsibility course if you have a credit score less than 660 (FICO).
 - (3) If you have completed the 14-hour financial responsibility course please provide the school name, the school provider number, the name of the course, and the dates attended.

10. Section X- Background Questions

- a. The applicant and the authorized representative(s), as specified in the section, must submit answers to each of the background questions.
- b. For each “Yes” answer the person must provide an explanation in Section XI or XII, as applicable.
- c. The number of “Yes” boxes checked must equal the number of explanation boxes completed.
- d. If you answered “YES” to any question, please provide full explanations as required below. If you have more than three offenses to document in Section XI or more than two in Section XII, attach additional copies as necessary.

11. Section XI- Explanations for Background Questions 1 and 2

- a. For this section, provide as much detail as possible.
- b. Each explanation can only relate to one person and one question.
- c. Question 1:

- i. If you answer “yes” to this question, you must complete Section XI [*make additional copies as necessary*] of the application please provide the full details of the criminal charges including dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending. If you answer NO to this question because you believe that previous incidents have been dismissed, no action taken, nolle prossed, or expunged, you may be asked to supply documentation as proof of the disposition.
 - d. Question 2:
 - i. If you answer “yes” to this question, you must complete Section XI [*make additional copies as necessary*] of the application and you must also supply documentation proving the bankruptcy has been discharged or the judgment or lien has been satisfied, or if not, stating the current status of the bankruptcy, judgment or lien.
- 12. Section XII- Explanations for Background Questions 3 and 4**
- a. For this section, provide as much detail as possible.
 - b. Each explanation can only relate to one person and one question.
 - c. Question 3:
 - i. If you answer “yes” to this question, you must complete Section XII [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
 - ii. Provide the full details explaining the denial or pending administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application.
 - d. Question 4:
 - i. If you answer “yes” to this question, you must complete Section XII [*make additional copies as necessary*] of the application and supply copies of the order(s) (if applicable) showing the disciplinary action taken against the license or documentation showing the status of the pending action.
 - ii. Provide the full details of any administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application.
 - e. Submit supporting legal documentation, if necessary, with this application.
- 13. Section XIII- Affirmation by Written Declaration**
- a. Applicant must sign the affirmation by written declaration.

VOLUNTARY CRIMINAL HISTORY INFORMATION:

Beginning October 1st, 2019, new provisions went into effect which require the board to collect additional information regarding an applicant's background. Section 455.213, Florida Statutes, requires the board to identify the date of conviction, finding of guilt, plea, or adjudication entered, or date of sentencing, for each crime reported.

PLEASE NOTE: You are NOT required to answer the questions below. Your application WILL NOT be considered insufficient for failing to answer these questions.

The questions below only pertain to the background of the APPLICANT. The questions below DO NOT pertain to the background of any authorized representatives listed in the application.

If you have more offenses to document, you may attach additional pages as necessary.

EXPLANATION
Name of person to whom this explanation relates:
Offense:
Was the penalty/disposition a result of a plea or a trial? <input type="checkbox"/> Plea <input type="checkbox"/> Trial
Was adjudication withheld? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Conviction, Finding of Guilt, or Plea:
Date of Sentencing:

EXPLANATION
Name of person to whom this explanation relates:
Offense:
Was the penalty/disposition a result of a plea or a trial? <input type="checkbox"/> Plea <input type="checkbox"/> Trial
Was adjudication withheld? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Conviction, Finding of Guilt, or Plea:
Date of Sentencing: