

State of Florida
Department of Business and Professional Regulation
Construction Industry Licensing Board
Application for Registered Contractor as an Individual
Form # DBPR CILB 2

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

APPLICATION REQUIREMENTS
<p>ALL License Applicants must submit:</p> <p><input type="checkbox"/> Fees:</p> <ul style="list-style-type: none"> • If applying for initial registration between May 1st of an ODD year through August 31st of an EVEN year - \$305. • OR • If applying for initial registration between September 1st of an EVEN year through April 30th of an ODD year - \$205. • Make check payable to the Florida Department of Business and Professional Regulation. <p><input type="checkbox"/> Electronic fingerprints. See Section 1(b)(ii) of Instructions.</p> <p><input type="checkbox"/> Supporting legal documentation, if necessary. See Section 2(d) of Instructions.</p> <p><input type="checkbox"/> Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable.</p> <p><input type="checkbox"/> Copy of current local competency card.</p> <ul style="list-style-type: none"> • Note – You may also submit a letter from a local building official testifying that you have met local competency standards and requirements for your specific trade, and you are waiting for state registration. <p>ACTIVE License Applicants must also submit:</p> <p><input type="checkbox"/> 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.</p> <ul style="list-style-type: none"> • See Section 2(h) of Instructions. • If credit score is below 660 (FICO derived) applicant must submit proof of completion of a 14-hour financial responsibility course approved by the Board. 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.

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 Registered Contractor as an Individual
Form # DBPR CILB 2

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

APPLICATION TYPES (Check only one.)	
<input type="checkbox"/> Individual Registered License – Active [06xx/1042]	<input type="checkbox"/> Individual Registered License – Inactive [06xx/1034] Complete sections I- VI and IX.

Section II – Applicant Licensure Category

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"/> *Precision Tank Tester <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"/> Swimming Pool/Spa Servicing <input type="checkbox"/> **Tank Lining Applicator <input type="checkbox"/> Underground Utility and Excavation
<p>*NOTE: Precision Tank Tester applicants are required to provide a verification letter from the Department of Environmental Protection ("DEP") stating that the applicant meets the tank testing requirements established by DEP.</p> <p>**NOTE: Tank Lining Applicator applicants are required to provide a verification letter from DEP stating that the applicant meets the tank lining requirements established by DEP.</p>		

Section III – 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		
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 III – Applicant Personal Information – continued

RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		
BUSINESS LOCATION ADDRESS (ACTIVE APPLICANTS ONLY)			
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 (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 IV – Background Questions

BACKGROUND QUESTIONS		
1.	<input type="checkbox"/> Yes (If yes, please complete Section V)	<input type="checkbox"/> No 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 WILL 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 V)	<input type="checkbox"/> No 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.
3.	<input type="checkbox"/> Yes (If yes, please complete Section VI)	<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 VI)	<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 Sections 2(d-f) of Instructions for detailed instructions on providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section V for your response to questions 1 and 2, and complete Section VI for your response to questions 3 and 4. If you have more than four offenses to document in Section V, attach additional pages as necessary.

Section V – Explanations 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	

Section V – Explanations for Background Questions 1 and 2 – continued (Attach additional sheets as required).

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	

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	

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	

Section VI – Explanations for Background Questions 3 and 4 (Attach additional sheets as required).

EXPLANATION	
State/Jurisdiction:	Application Type/License Number:

EXPLANATION	
State/Jurisdiction:	Application Type/License Number:

Section VII –Insurance Coverage – Active Applicants Only

INSURANCE
Do not complete this section if you selected Inactive in Section I.
<p>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> <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</p> <p>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</p>

Section VIII – Financial Responsibility & Stability Requirements – Active Applicants Only

FINANCIAL RESPONSIBILITY & STABILITY Do not complete this section if you selected Inactive in Section I. See Section 2(h) 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 style="margin-top: 20px;">Does the submitted credit report show a credit score of 660 or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-top: 10px;">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> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">School Name:</td> <td style="width: 50%; padding: 5px;">School Provider #:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Name of Course:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date(s) Attended:</td> </tr> </table>		School Name:	School Provider #:	Name of Course:		Date(s) Attended:	
School Name:	School Provider #:						
Name of Course:							
Date(s) Attended:							

Section IX – Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
<p>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.</p>	
Signature:	Date:
Print Name:	

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.

1. General Requirements for Registration

- a. Definition of “Registered Contractor” –
 - i. A contractor who has registered with the department pursuant to fulfilling the competency requirements in the jurisdiction for which the registration is issued.
 - ii. Registered contractors may contract only in such jurisdictions.
- b. **All Applicants:**
 - i. Must meet local competency standard requirements and submit either a copy of their current local competency card, or a letter from a local building official testifying that you have met local competency standards and requirements for your specific trade, and you are waiting for state registration.
 - ii. Must submit electronic fingerprints.
 - (1) 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.
 - (2) Electronic Fingerprinting is available at various convenient sites throughout the state. See http://www.myfloridalicense.com/dbpr/servop/testing/documents/finger_faq.pdf for more information.

2. Application Instructions (by section)

a. Section I- Application Type

- i. Individual Registered License – Active
 - (1) Select this application type if you plan to conduct business as an individual with this license, AND
 - (2) You meet the requirements outlined in 1(b) above.
 - (3) Complete entire application.
- ii. Registered License – Inactive
 - (1) Select this application type if you seek a license, but want to set the license status to inactive, AND
 - (2) You meet the requirements outlined in 1(b) above.
 - (3) Complete sections I-VI and IX only.

b. Section II- Applicant Licensure Category

- i. Applicants must check only one license category.

c. Section III- Applicant Personal Information

- i. 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.
- ii. 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.
- iii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- iv. 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.
- v. 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.
- vi. Active applicants are required to provide the address of their business location.
- vii. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
- viii. 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.
- ix. 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.

d. Section IV- Background Questions

- i. Applicants must submit answers to each of the background questions.
- ii. For each “Yes” answer the person must provide an explanation in Section V or VI, as applicable.

e. Section V- Explanations for Background Questions 1 and 2

- i. For this section, provide as much detail as possible.

- ii. Question 1:
 - (1) If you answer “yes” to this question, you must complete Section V [*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.
- iii. Question 2:
 - (1) If you answer “yes” to this question, you must complete Section V [*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.
- iv. Submit supporting legal documentation, if necessary, with this application.
- f. Section VI- Explanations for Background Questions 3 and 4**
 - i. For this section, provide as much detail as possible.
 - ii. Question 3:
 - (1) If you answer “yes” to this question, you must complete Section VI [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
 - (2) 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.
 - iii. Question 4:
 - (1) If you answer “yes” to this question, you must complete Section VI [*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.
 - (2) 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.
 - iv. Submit supporting legal documentation, if necessary, with this application.
- g. Section VII- Insurance Coverage- Active Status Applicants Only**
 - i. Complete this section entirely.
 - ii. Applicants must have adequate Workers’ Compensation and Liability Insurance as specified by the Construction Industry Licensing Board.
 - (1) Amounts for general liability insurance are specified in the application. Amounts for workers’ compensation insurance are outlined in Chapter 440, Florida Statutes.
 - (2) See Section 489.115(5)(a), Florida Statutes, and Rule 61G4-15.003, F.A.C. for more information.
 - iii. 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.
- h. Section VIII- Financial Responsibility & Stability Requirements- Active Status Applicants Only**
 - i. Complete this section entirely.
 - ii. Applicants must meet financial responsibility and stability requirements by submitting a credit report with a FICO derived credit score.
 - (1) Financial responsibility – this requirement is met if the submitted credit report shows no outstanding unsatisfied judgments or liens against the applicant.
 - (a) Applicants must submit proof of satisfaction of liens, judgments, and discharge of bankruptcy if these are shown on the credit report.
 - (2) Financial Stability – this requirement is met if the submitted credit report shows a FICO derived credit score of 660 or higher.
 - (a) 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.
 - (b) You only need to complete the 14-hour financial responsibility course if you have a credit score less than 660 (FICO).
 - (c) If you have completed the 14-hour financial responsibility please provide the school name, the school provider number, the name of the course, and the dates attended.

i. Section IX- Affirmation by Written Declaration

- i. Applicants 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: