

State of Florida
Department of Business and Professional Regulation
Construction Industry Licensing Board
Application for Registered Contractor Qualifying a Business
Form # DBPR CILB 3

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 - \$309. • OR • If applying for initial registration between September 1st of an EVEN year through April 30th of an ODD year - \$209. • Make check payable to the Florida Department of Business and Professional Regulation.. <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><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(i) of Instructions. • If credit score is below 660 (FICO derived) applicant must submit a bond or irrevocable letter or credit. • Note- Fifty percent (50%) of the bond or letter of credit requirement may be met by completion of 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 <p><input type="checkbox"/> Credit report on 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.</p> <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(j) of Instructions.</p> <p><input type="checkbox"/> Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable.</p> <p>IF Applying with a Financially Responsible Officer you must ALSO submit:</p> <p><input type="checkbox"/> Fees of \$200 for Financially Responsible Officer application.</p> <p><input type="checkbox"/> Credit report on financially responsible officer 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> <p><input type="checkbox"/> Bond for Financially Responsible Officer. See Section 2(o) of Instructions.</p> <p><input type="checkbox"/> Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable.</p> <p><input type="checkbox"/> Electronic fingerprints for financially responsible officer. See Section 1(b)(ii) of Instructions.</p> <p><input type="checkbox"/> Supporting legal documentation, if necessary. See section 2(j) of Instructions.</p>

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 Qualifying a Business
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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"/> Registered License and Qualify a Business [06xx/1030]	<input type="checkbox"/> Registered License and Qualify a Business with a Financially Responsible Officer [06xx/1030; 0628/1030]
<p>NOTE: If applying with a Financially Responsible Officer, the Financially Responsible Officer must also complete Sections X–XII and Sections XIV–XVI.</p> <p>Use this application when you will be qualifying only one business entity.</p>	

Section II – Applicant Licensure Category

CHECK ONLY ONE LICENSE CATEGORY		
For definitions and information on license categories, go to http://www.myfloridalicense.com/dbpr/pro/cilb/codes.html		
<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>		

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		

* 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

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 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 – Business to be Qualified Information

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(s) under which the business is qualified:		
Qualifier Name:	License Number:	
Qualifier Name:	License Number:	
Qualifier Name:	License Number:	
Qualifier Name:	License Number:	
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code
County (if Florida address)	Country	
BUSINESS CONTACT INFORMATION (IF BUSINESS IS NOT A SOLE PROPRIETORSHIP)		
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 V – Primary Qualifier Information

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):
Does the primary qualifying agent also have final approval authority on all business matters, including contracts, specifications, checks, drafts, or payments, regardless of the form of payment, made by the entity? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If NO , does the business you propose to qualify already have a Financially Responsible Officer appointed?	
<input type="checkbox"/> YES: Name of Financially Responsible Officer: _____	
<input type="checkbox"/> NO: You must appoint a Financially Responsible Officer by completing Sections X–XII and Sections XIV–XVI of this application. This will alleviate the licensed qualifier’s financial responsibility, but the qualifier will still be responsible for all construction-related matters.	

Section VI – Secondary Qualifier Information (Optional)

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 VII – Business Ownership

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 VIII –Insurance Coverage**INSURANCE****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

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? Yes 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? Yes No

Section IX – Financial Responsibility & Stability Requirements**FINANCIAL RESPONSIBILITY & STABILITY****See Section 2(i) of Instructions for information on completing this section.**

- **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).

Does the submitted credit report show a credit score of 660 or higher? Yes No

If no, the financial stability requirement may be met by providing a bond or irrevocable letter of credit from a bank authorized to do business in the State of Florida,

with proof of completion of an approved 14-hour financial responsibility course, in the amount of:

- \$10,000 for Division I applicants
- \$5,000 for Division II applicants

without proof of completion of an approved 14-hour financial responsibility course, in the amount of:

- \$20,000 for Division I applicants
- \$10,000 for Division II applicants

Have you completed a financial responsibility course approved by the Construction Industry Licensing Board? Yes No

If yes, please complete the fields below.

School Name:

School Provider #:

Name of Course:

Date(s) Attended:

If you will be submitting a bond or an irrevocable letter of credit, see page 14 of this application for further instructions.

Section X – Background Questions

BACKGROUND QUESTIONS	
Instructions:	
The Applicant, Financially Responsible Officer (if applicable), and Authorized Representative(s) of the business must answer the background questions in this section.	
Authorized Representative(s) of the business are any of the following:	
<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) 	
NOTE: Accuracy of Authorized Representative(s) of the business may be checked on the Florida Division of Corporations website www.sunbiz.org.	
If YES to questions 1 or 2, please complete section XI.	
If YES to questions 3 or 4, please complete section XII.	
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 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. 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. 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. 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?	

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	Financially Responsible Officer – 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 #:				
9	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 #:				
10	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 on providing complete explanations, including requirements for submitting supporting legal documentation. 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 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:		

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:

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	
<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:	

Section XIV– Financially Responsible Officer Application (Complete remaining sections only if appointing a Financially Responsible Officer)**Note: Financially Responsible Officer must complete Background questions in Sections X-XII.**

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				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
PRIOR NAME INFORMATION				
Have you used, been known as, or been called 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

* 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.

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
2601 Blair Stone Road, Tallahassee, FL 32399-0783

FINANCIALLY RESPONSIBLE OFFICER BOND

STATE OF _____
COUNTY OF _____

Bond #: _____ Bond Amount: \$100,000.00
Effective Date: _____ Type of Bond: Financially Responsible Officer Bond
Obligee: Florida Construction Industry Licensing Board

KNOW ALL PERSONS BY THESE PRESENTS, THAT
(Financially Responsible Officer) _____
of (Company Name) _____, a company fully
authorized to do business in the State of Florida, as Principal, and

(Bond Company) _____, a company fully authorized to do business
in the State of Florida, as Surety, are held and firmly bound unto the Florida Construction Industry Licensing Board, as Obligee, in
Penal Sum of One Hundred Thousand Dollars (\$100,000.00) for the payment of fines and costs pursuant to Rule 61G4-15.0021,
Florida Administrative Code, well and to truly be made, we bind ourselves, our heirs, executors, administrators, successors and
assigns, jointly and severally, firmly by these presents. The condition of this obligation is such that:

WHEREAS, Principal has been appointed the Financially Responsible Officer of
(Company Name) _____, a company authorized to conduct
business under Chapter 455, Florida Statutes, and

WHEREAS, Principal is required to provide a \$100,000 surety bond payable to the Florida Construction Industry Licensing
Board for fines and costs pursuant to Rule 61G4-15.0021, Florida Administrative Code;

NOW THEREFORE, if (Company Name) _____, a company fully
authorized to do business in the State of Florida, shall well and truly and faithfully make the payments to the State Treasurer of
the State of Florida in his capacity as Treasurer of the Department of Business and Professional Regulation as provided in and
as required by any and all laws of the State of Florida Business and Professional Regulation, and shall faithfully and accurately
keep its books and records and make reports as in any and all of said laws provided and required, and shall conduct its
business in conformity with said laws and rules of the Florida Department of Business and Professional Regulation, and shall
well and truly keep and perform each and every requirement in and by said laws and rules provided, then this obligation to be
null and void, otherwise to remain in full force and effect.

IT IS FURTHER AGREED AND UNDERSTOOD that the Obligee will retain an electronic record of this bond and power of
attorney that will be utilized to make claims against this bond pursuant to Section 668.50, Florida Statutes. The Principal shall
retain the original bond for his records. The Surety reserves the right to cancel this bond by sending a notice of cancellation
by certified mail 30 days in advance of cancellation to the Executive Director of the Florida Construction Industry Licensing
Board, 2601 Blair Stone Road, Tallahassee, Florida 32399. However, the Surety's liability shall continue for any
indebtedness incurred or accrued during the period of this bond, including the 30-day notice period.

SIGNED this _____ day of _____, 20____.

PRINCIPAL: _____
Name, Title of Financially Responsible Officer Financially Responsible Officer Signature

COMPANY: _____
Authorized Company Officer Name, Title Signature Authorized Company Officer

SURETY: _____

BY: _____
Print Name of Attorney-in-fact Signature Attorney-in-fact
(Attach Power of Attorney)

Section XVI – Financially Responsible Officer 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:	

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
2601 Blair Stone Road, Tallahassee, FL 32399-0783

CONSTRUCTION LICENSE BOND/ IRREVOCABLE LETTER OF CREDIT

INSTRUCTIONS:

1. All applicants for active status construction licenses must demonstrate financial responsibility and stability. **Rule 61G4-15.006, F.A.C.**, provides the financial responsibility and stability requirements for obtaining a contractor license.
2. Financial responsibility & stability can be demonstrated by providing a credit score of 660 (FICO derived) or higher, and being without any unsatisfied judgments or liens.
3. If the applicant has a credit score less than 660 (FICO derived), the financial stability requirement shall be met by obtaining a bond or irrevocable letter of credit from a bank authorized to do business in the State of Florida.
4. The applicant need only submit a copy of the bond and power of attorney, or a copy of the irrevocable letter of credit, with the application for licensure. The applicant shall retain the original bond and power of attorney for his records. The original letter of credit shall be retained by the bank issuing the letter.
5. The Department of Business and Professional Regulation will retain an electronic record of the bond and power of attorney, or letter of credit, that will be utilized to make claims against the bond or letter of credit. Section 668.50, Florida Statutes.
6. Fifty percent (50%) of the amount required by bond or irrevocable letter of credit may be satisfied by completion of a 14-hour financial responsibility course approved by the Construction Industry Licensing Board. Rule 61G4-15.006, F.A.C. For a list of approved financial responsibility courses, please visit: http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_approved_financial_responsibility_courses.pdf
7. The **amount of the license bond or irrevocable letter of credit** is to be determined as follows:
 - o Applicants who **HAVE NOT** completed the 14-hour financial responsibility course must submit a bond or irrevocable letter of credit in the amount of:
 - **\$20,000 for Division I applicants** (applicants applying for General Contractor, Building Contractor, or Residential Contractor License).
 - **\$10,000 for Division II applicants** (applicants for types of contractor licenses not otherwise listed in Division I).
 - o Applicants who **HAVE** completed the 14-hour financial responsibility course must submit a bond or irrevocable letter of credit in the amount of:
 - **\$10,000 for Division I applicants** (applicants applying for General Contractor, Building Contractor, or Residential Contractor License).
 - **\$5,000 for Division II applicants** (applicants for types of contractor licenses not otherwise listed in Division I).
8. The license bond or irrevocable letter of credit, for fines and costs, is to be made payable to the Florida Construction Industry Licensing Board. Rules 61G4-15.006 and 61G4-15.0021, F.A.C.
9. The license bond or irrevocable letter of credit must remain in effect until the applicant can demonstrate a credit score, FICO derived, of 660 or higher to the Florida Construction Industry Licensing Board. At its own request and regardless of the applicant's credit score, a surety or bank may cancel the license bond or irrevocable letter of credit upon providing 30 days advance notice of cancellation to the Executive Director for the Construction Industry Licensing Board. However, the surety's liability shall continue for any indebtedness incurred or accrued during the period of the license bond or irrevocable letter of credit. If the license bond or irrevocable letter of credit is canceled prior to the applicant establishing a 660 credit score, the applicant must submit a new license bond or irrevocable letter of credit to the Florida Construction Industry Licensing Board.
 A cause of action for any indebtedness accrued during the period of the irrevocable letter of credit must be commenced within one year after the expiration date of the letter of credit or one year after the cause of action accrues, whichever occurs later. A cause of action accrues when the breach occurs, regardless of the aggrieved party's lack of knowledge of the breach. Section 675.115, Florida Statutes.
10. Collection of claims under the license bond or irrevocable letter of credit shall require:
 - o A statement signed by a duly authorized official acting on behalf of the Florida Construction Industry Licensing Board, referencing the bond number or irrevocable letter of credit number, and certifying that the amount of the draft is due and payable pursuant to a Final Order from the Florida Construction Industry Licensing Board.
 - o A copy of the license bond or irrevocable letter of credit.
11. The bond or irrevocable letter of credit should be executed on the attached form. Some financial institutions will choose to retype these documents on their letterhead, which is acceptable. However, **any alteration of the wording** of the Construction License Bond or Irrevocable Letter of Credit will result in a notice that the application is deficient.



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
2601 Blair Stone Road, Tallahassee, FL 32399-0783

CONSTRUCTION LICENSE BOND

STATE OF _____
COUNTY OF _____

Bond #: _____

Bond Amount: \$ _____

Effective Date: _____

Type of Bond: Construction License Bond

Obligee: Florida Construction Industry Licensing Board

KNOW ALL PERSONS BY THESE PRESENTS, THAT

(Applicant) _____

of (Company Name) _____, a company fully authorized to do business in the State of Florida, as Principal, and

(Bond Company) _____, a company fully authorized to do business in the State of Florida, as Surety, are held and firmly bound unto the Florida Construction Industry Licensing Board, as Obligee, in Penal Sum of (amount in words) _____ Dollars for the payment of fines and costs pursuant to Rule 61G4-15.006, Florida Administrative Code, well and to truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents. The condition of this obligation is such that:

WHEREAS, Principal has been granted a license to conduct business under Chapter 455, Florida Statutes and;

NOW THEREFORE, if the (Company Name) _____, shall well and truly and faithfully make the payments to the State Treasurer of the State of Florida in his capacity as Treasurer of the Department of Business and Professional Regulation as provided in and as required by any and all laws of the State of Florida Business and Professional Regulation, and shall faithfully and accurately keep its books and records and make reports as in any and all of said laws provided and required, and shall conduct its business in conformity with said laws and rules of the Florida Department of Business and Professional Regulation, and shall well and truly keep and perform each and every requirement in and by said laws and rules provided, then this obligation to be null and void, otherwise to remain in full force and effect.

IT IS FURTHER AGREED AND UNDERSTOOD that the Obligee will retain an electronic record of this bond and power of attorney that will be utilized to make claims against this bond pursuant to Section 668.50, Florida Statutes. Collection of claims under this bond shall require a statement signed by a duly authorized official acting on behalf of the Florida Construction Industry Licensing Board, referencing the bond number and certifying that the amount of the draft is due and payable pursuant to a Final Order from the Construction Licensing Board; and a copy of this bond. The Principal shall retain the original bond. The Principal must maintain a license bond in effect until the Principal can demonstrate a credit score of 660 (FICO derived) or higher to the Florida Construction Industry Licensing Board. The Surety reserves the right to cancel this bond by sending a notice of cancellation by certified mail 30 days in advance of cancellation to the Executive Director of the Florida Construction Industry Licensing Board, 2601 Blair Stone Road, Tallahassee, Florida 32399. However, the Surety's liability shall continue for any indebtedness incurred or accrued during the period of this bond, including the 30-day notice period.

SIGNED this _____ day of _____, 20_____.

PRINCIPAL: _____
Print or Type Name of Applicant

Applicant Signature

COMPANY: _____
Authorized Company Officer Name, Title

Signature Authorized Company Officer

SURETY: _____

BY: _____
Print Name of Attorney-in-fact

Signature Attorney-in-fact
(Attach Power of Attorney)



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
2601 Blair Stone Road, Tallahassee, FL 32399-0783

CONSTRUCTION LICENSE IRREVOCABLE LETTER OF CREDIT

RE: Irrevocable Letter of Credit No. _____ Beneficiary: Construction Industry Licensing Board
Effective Date: _____ 2601 Blair Stone Road
Expiration Date: _____ Tallahassee, FL 32399-0783

Applicant: _____
Company Name: _____
Address: _____

Lending Institution: _____
Address: _____

To the Florida Construction Industry Licensing Board:

We hereby authorize Beneficiary to draw on us, the aforementioned Lending Institution, for account of Applicant up to an aggregate amount of _____ Dollars for the payment of fines and costs pursuant to Rule 61G4-15.006, Florida Administrative Code, available by your draft at sight on us accompanied by the following:

- 1. A statement signed by a duly authorized official acting on behalf of the Florida Construction Industry Licensing Board, referencing the Irrevocable Letter of Credit number and certifying that the amount of the draft is due and payable pursuant to a Final Order from the Florida Construction Industry Licensing Board.
2. A copy of this Irrevocable Letter of Credit.

The Lending Institution shall retain the original irrevocable letter of credit. The Beneficiary will retain an electronic record of this irrevocable letter of credit that will be utilized to make claims against this letter of credit pursuant to Section 668.50, Florida Statutes. The irrevocable letter of credit must remain in effect until the Applicant can demonstrate a credit score of 660 (FICO derived) or higher to the Lending Institution. Upon proof of the required credit score, the Lending Institution may cancel the irrevocable letter of credit. A cause of action for any indebtedness accrued during the period of the irrevocable letter of credit must be commenced within one year after the expiration date of the letter of credit or one year after the cause of action accrues, whichever occurs later. A cause of action accrues when the breach occurs, regardless of the aggrieved party's lack of knowledge of the breach. Section 675.115, Florida Statutes.

We hereby agree that all draft(s) drawn under and in compliance with the terms of this credit be duly honored, if drawn and presented to us.

Nothing contained herein shall be construed to extend the gross liability of the Lending Institution to an amount greater than the aforesaid \$_____.

This credit is subject to the Uniform Customs and Practice for Documentary Credits (1993), International Chamber of Commerce, Publication Number 500, and engages us in accordance with its terms.

Sincerely,

(Name, Title of Authorizing Officer) (Signature, Title of Authorizing Officer) (Date)

ATTEST: (Name, Title) (Signature, Title)

INSTRUCTIONS

Note: This application is required if you are applying for a license as a Sole Proprietor or Qualifying a Business, and you will only qualify one business entity.

This application is NOT required if you are applying for a license as an Individual. If you seek a license as an Individual, please complete Form DBPR CILB 2 (Registered Contractor as Individual).

If you currently qualify a business and seek to qualify an additional business with this license, please complete Form DBPR CILB 4 (Registered Contractor Qualifying Additional Business Entity).

*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 License Applicants must:**
 - i. Meet local competency standard requirements and submit either a copy the 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. 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. Registered License and Qualify a Business
 - (1) Select this application type if you will qualify only one business entity with this and any other construction contractor licenses you hold, and meet the requirements outlined in 1(b) above.
 - (2) Complete Sections I- XIII.
 - ii. Registered License and Qualify a Business with a Financially Responsible Officer
 - (1) Select this application type if you will qualify only one business entity with this and any other construction contractor licenses you hold, and meet the requirements outlined in 1(b) above, AND
 - (2) You want to appoint a Financially Responsible Officer to be the final approval authority for all business matters.
 - (3) Complete entire application.
- 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. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
- vii. 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.
- viii. 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- Business to be Qualified Information

- i. Complete this section entirely.
- ii. Provide the name of the business to be qualified as it is registered with the Florida Division of Corporations.
- iii. 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.
- iv. Applicants must provide the Federal Employer Identification Number (FEID) for the business to be qualified.
- v. Select the box that indicates the type of business ownership for the business to be qualified.
- vi. 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.
- vii. Applicants must provide the business mailing address of the business to be qualified.
- viii. 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.
 - (1) If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
- ix. 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.

e. Section V- Primary Qualifier Information

- i. All construction businesses must have a primary qualifier.
- ii. If this application is for a business that is not qualified by another contractor, the applicant must be the primary qualifier.
- iii. 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.
 - (1) 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.
 - (2) 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.
- iv. All primary qualifiers must have final approval authority on all business matters, including contracts, specifications, checks, drafts, or payments, regardless of the form of payment, made by the business organization.
 - (1) If the primary qualifier does not have final approval authority, the business entity must have a Financially Responsible Officer. Failure to have an appointed Financially Responsible Officer results in the Primary Qualifier being financially responsible for all business 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 with this application, complete Sections X-XII and Sections XIV-XVI of the application.

f. Section VI- Secondary Qualifier Information

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

g. Section VII- Business Ownership

- i. Complete this section entirely.
- ii. 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.
 - (1) If an owner of the business is a company, please list the Federal Employer Identification Number (FEID) of the owning company.
- iii. The percentage of ownership for all owners together must equal 100%.

h. Section VIII- Insurance Coverage

- 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.
- i. Section IX- Financial Responsibility & Stability Requirements**
- 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 maintain a bond or irrevocable letter of credit** from a bank in the amounts specified in the application. (See the instructions for the construction license bond/irrevocable letter of credit form at the end of this application).
 - (b) Fifty per cent of the financial stability bond or the letter of credit requirement may be met by completion of a 14 -hour financial responsibility course approved by the Board. See [Financial Responsibility and Financial Stability, Grounds for Denial Rule 61G 4-15.006, F .A.C.](#) for more information.
 - (3) You only need to complete the 14-hour financial responsibility course if you have a credit score less than 660 (FICO) and wish to meet fifty percent of the financial stability bond or the letter of credit requirement.
 - (4) If you have completed the 14-hour financial responsibility course for a 50% reduction in the amount required for the construction bond/irrevocable letter of credit, please provide the school name, the school provider number, the name of the course, and the dates attended.
- j. Section X- Background Questions**
- i. The applicant and the authorized representative(s), as specified in the section, must submit answers to each of the background questions.
 - ii. For each “Yes” answer the person must provide an explanation in Section XI or XII, as applicable.
 - iii. The number of “Yes” boxes checked must equal the number of explanation boxes completed.
 - iv. 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.
 - v. **If you are assigning a Financially Responsible Officer, the Financially Responsible Officer must also complete Sections X-XII.**
- k. Section XI- Explanations for Background Questions 1 and 2**
- i. For this section, provide as much detail as possible.
 - ii. Each explanation can only relate to one person and one question.
 - iii. Question 1:
 - (1) 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.
 - iv. Question 2:
 - (1) 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.
- l. Section XII- Explanations for Background Questions 3 and 4**

- i. For this section, provide as much detail as possible.
- ii. Each explanation can only relate to one person and one question.
- iii. Question 3:
 - (1) 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.
 - (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.
- iv. Question 4:
 - (1) 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.
 - (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.
- v. Submit supporting legal documentation, if necessary, with this application.
- m. Section XIII- Affirmation by Written Declaration**
 - i. Applicant must sign the affirmation by written declaration.
- n. Section XIV- Financially Responsible Officer Application**
 - i. The Financially Responsible Officer should complete this section.
 - ii. **The Financially Responsible Officer must also answer the background questions in sections X-XII.**
 - iii. 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.
 - iv. 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.
 - v. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
 - vi. Contact information is often used to quickly resolve questions with applications by telephone call or email.
 - (1) If contact information is not provided, questions regarding applications will be mailed to the applicant’s mailing address and may take longer to resolve.
 - vii. 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.
- o. Section XV- Financially Responsible Officer Bond Form**
 - i. The bond application form should be completed by the bond company and signed by the Financially Responsible Officer, an authorized company officer, and the surety.
 - ii. The Financially Responsible Officer is required to provide a \$100,000 surety bond payable to the Florida Construction Industry Licensing Board for fines and costs pursuant to [Rules 61G4-15.006](#) and [61G4-15.0021](#), Florida Administrative Code.
- p. Section XVI- Financially Responsible Officer Affirmation by Written Declaration**
 - i. The Financially Responsible Officer must sign the affirmation by written declaration.