

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 \$245.00 to \$145.00 if you are applying between May 1st of an even year through August 31st of an odd year.
- from \$145.00 to \$95.00 if you are applying between September 1st of an odd year through April 30th of an even year.

If you are applying between Mayst of an even year through August 31st of an odd year, please submit payment in the amount of \$145.00 with this application.

If you are applying between September 1st of an odd year through April 30th of an even year, please submit payment in the amount of \$95.00 with this application.

State of Florida
Department of Business and Professional Regulation
Construction Industry Licensing Board
Application for Certified General Contractor as an Individual
Form # DBPR CILB 5-A

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"> • Applying for initial certification between May 1st of an EVEN year through August 31st of an ODD year - \$245. <li style="text-align: center;">OR • Applying for initial certification between September 1st of an ODD year through April 30th of an EVEN year - \$145. • Make check payable to the Florida Department of Business and Professional Regulation. <p><input type="checkbox"/> Electronic fingerprints. See Section 1(b) of Instructions.</p> <p><input type="checkbox"/> Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable.</p> <p><input type="checkbox"/> Supporting legal documentation, if necessary. See Section 2(c) of Instructions.</p> <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(i) 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 <p><input type="checkbox"/> Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable.</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 Certified General Contractor as an Individual
Form # DBPR CILB 5-A

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

CHECK ONE OF THE APPLICATION TYPES	
<input type="checkbox"/> Individual Certified License – Active <div style="border: 1px solid black; padding: 2px; display: inline-block;">[0605/1042]</div>	<input type="checkbox"/> Individual Certified License – Inactive <div style="border: 1px solid black; padding: 2px; display: inline-block;">[0605/1034]</div>

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		
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		

* 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

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, 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 – Background Questions

BACKGROUND QUESTIONS		
1.	<input type="checkbox"/> Yes (If yes, please complete Section IV)	<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 IV)	<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 V)	<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 V)	<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-e) of Instructions for detailed instructions on providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section IV for your response to questions 1 and 2, and complete Section V for your response to questions 3 and 4. If you have more than four offenses to document in Section IV or need additional sheets for Section V, attach additional pages as necessary.

Section IV – 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 IV – Explanations for Background Questions 1 and 2 – continued

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	

DBPR CILB 5-A Application for Certified General Contractor as an Individual Eff. Date April 2022 Incorporated by Rule: 61-35.010

Section VI – 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**.
- ☐ 6. **"Upgrade Method"**. A certified residential or building contractor holding an active current license for a minimum of 4 years in the classification in which he or she is certified. If you meet this eligibility requirement you are exempted from the Employment History section of this application. You must provide your license number for verification. See Section 2(f)(vi) of Instructions for more information.

If checked, License # :

☐ Building

☐ Residential

MILITARY VETERANS: A veteran will qualify for a certified license by meeting one 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.

PART B follows on the next page. Please list your employment history for the years of experience required for qualification in Part A. (Use as many sheets as necessary to demonstrate your experience).

NOTE: Applicants for licensure as a Certified General Contractor must have experience in four or more of the experience areas listed in Part B AND must provide at least one year of experience in the construction of structures at least four stories in height, pursuant to Rule 61G4-15.001 (2)(a) and (2)(b), Florida Administrative Code.

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 VI – PART B – Qualifications for Certified License - continued

EMPLOYMENT HISTORY	
Employer Name and Address:	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Dates Employed (mm/yyyy to mm/yyyy):</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Employer Phone Number:</div>
Name of qualifying contractor for employer:	License number of qualifying contractor:
Contact Name:	Email:
Role (Check only one): <input type="checkbox"/> Worker OR <input type="checkbox"/> Foreman	Dates of Project (mm/yyyy to mm/yyyy):
Experience area(s) covered by project and description of work performed. (Check all that apply.)	
<input type="checkbox"/> Foundation/Slabs greater than 20,000 sqft. <input type="checkbox"/> Masonry walls <input type="checkbox"/> Steel erection	<input type="checkbox"/> Column erection <input type="checkbox"/> Formwork for structural reinforced concrete <input type="checkbox"/> Elevated slabs
Was this experience in the construction of structures 4 stories or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Project Name:	
Project Address:	
Project Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation	
Your job title on the project:	
Your duties on the project:	
Project specifics (specify the number of stories, square feet, materials, etc.):	

Section VI – PART B – Qualifications for Certified License - continued

EMPLOYMENT HISTORY	
Employer Name and Address:	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Dates Employed (mm/yyyy to mm/yyyy):</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Employer Phone Number:</div>
Name of qualifying contractor for employer:	License number of qualifying contractor:
Contact Name:	Email:
Role (Check only one): <input type="checkbox"/> Worker OR <input type="checkbox"/> Foreman	Dates of Project (mm/yyyy to mm/yyyy):
Experience area(s) covered by project and description of work performed. (Check all that apply.)	
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Foundation/Slabs greater than 20,000 sqft.</div> <div style="width: 50%;"><input type="checkbox"/> Column erection</div> <div style="width: 50%;"><input type="checkbox"/> Masonry walls</div> <div style="width: 50%;"><input type="checkbox"/> Formwork for structural reinforced concrete</div> <div style="width: 50%;"><input type="checkbox"/> Steel erection</div> <div style="width: 50%;"><input type="checkbox"/> Elevated slabs</div> </div>	
Was this experience in the construction of structures 4 stories or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Project Name:	
Project Address:	
Project Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation	
Your job title on the project:	
Your duties on the project:	
Project specifics (specify the number of stories, square feet, materials, etc.):	

Section VII – Insurance Coverage – Active Applicants Only

INSURANCE Do not complete this section if you selected Inactive in Section I.
<p style="text-align: center;">Minimum amounts required for General Liability insurance:</p> <p style="text-align: center;">General and Building Contractors - \$300,000 public liability; \$50,000 property damage</p> <p style="text-align: center;">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(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 style="margin-top: 10px;">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>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Signature:</td> <td style="width: 50%; padding: 5px;">Date:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Print Name:</td> </tr> </table>	Signature:	Date:	Print Name:	
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 Certification

a. Definition of "Certified Contractor"

- i. Any contractor who possesses a certificate of competency issued by the Department and who shall be allowed to contract in any jurisdiction in the state without being required to fulfill the competency requirements of that jurisdiction.

b. All License Applicants:

- i. Must select one method of qualification and meet the requirements of that method of qualification.
- 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 located 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 Certified 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. Certified 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 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.

c. Section III- 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 IV or V, as applicable.

d. Section IV- Explanations for Background Questions 1 and 2

- i. For these sections, provide as much detail as possible.
- ii. Question 1:
 - (1) If you answer "yes" to this question, you must complete Section IV [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 IV [*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.

e. Section V- Explanations for Background Questions 3 and 4

i. For these sections, provide as much detail as possible.

ii. Question 3:

- (1) If you answer "yes" to this question, you must complete Section V [*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 V [*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.

f. Section VI- Qualifications for Certified License

i. Definition of "foreman"

- (1) 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

ii. Definition of "worker"

- (1) 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.

iii. Definition of "accredited college-level course"

- (1) This refers to academic credit from an accredited college. All junior college or community college-level courses shall be considered accredited college-level courses.

iv. Part A: Method of qualification. Applicant must select one of the following methods of qualification:

- (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.
 - (a) Definition of "construction-related degree", a baccalaureate degree from an accredited 4-year college in the appropriate field of engineering, architecture, or building construction.
- (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.
- (6) "Upgrade Method". A certified residential or building contractor holding an active current license for a minimum of 4 years in the classification in which he or she is certified. If you meet this eligibility requirement you are exempted from the Employment History section of this application. You must provide your license number for verification.
 - (i) An active certified residential contractor is eligible to take the general contractors' examination if he or she possesses a minimum of 4 years of proven experience in the classification in which he or she is certified.

- (ii) An active certified building contractor is eligible to take the general contractors' examination if he or she possesses a minimum of 4 years of proven experience in the classification in which he or she is certified.
- (7) **Note:** One year of experience is equal to 2000 hours.
- v. Part B: List your employment history for the years of experience required for the method of qualification you selected in Part A.
 - (1) Provide the name and address of your employer.
 - (2) Provide the dates of your employment with that employer.
 - (3) Provide a phone number for the employer.
 - (4) Provide the name of the qualifying contractor for the employer.
 - (5) Provide the employer's license number. This may be the license number of a qualifying contractor who supervised the work you did for the employer. DBPR may contact the supervisor to verify experience.
 - (6) Provide the name of a contact person for the employer.
 - (7) Provide an email address for the employer or the contact person for the employer.
 - (8) 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.
 - (a) 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.
 - (9) Provide dates of project.
 - (10) Select the areas in which you gained experience during your employment history.
 - (11) Provide project name.
 - (12) Provide project address.
 - (13) Select project type.
 - (14) Provide your job title on the project.
 - (15) Provide your duties on the project.
 - (16) Provide project specifics.
 - (17) At the bottom indicate the total time of experience as a workman and foreman from your employment history.
 - (a) Note: the total time should equal or exceed the number of years of experience required for the qualification method selected in Part A.
 - (18) Use additional copies of this sheet as necessary.
- 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 course 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. Applicant must sign the affirmation by written declaration.