

State of Florida
Department of Business and Professional Regulation
Construction Industry Licensing Board
Application for Qualifying an Additional Business Entity Under the Same License Category
Form # DBPR CILB 9

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

APPLICATION REQUIREMENTS

ALL License Applicants must submit:

- Fees:
 - Certified Contractor Fee:**
 - If applying for registration between May 1st of an EVEN year through August 31st of an ODD year - \$209.
 - OR**
 - If applying for registration between September 1st of an ODD year through April 30th of an EVEN year - \$109.
 - Registered Contractor Fee:**
 - If applying for registration between May 1st of an ODD year through August 31st of an EVEN year - \$309.
 - OR**
 - If applying for 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.
- Copy of your current local competency card (**Registered Contractors only**)
 - **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.
 - See Section 1(a)(iii) of Instructions.
- Credit report containing a credit score (FICO derived) on applicant** from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state, and federal levels. For a list of agencies, visit http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_credit_reporting_agencies.pdf.
 - See Section 2(g) of Instructions.
 - **If credit score is below 660 (FICO derived) applicant must submit a bond or irrevocable letter of credit.**
 - **Note-** Fifty percent (50%) of the bond or letter of credit requirement may be met by 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
- Credit report on PRESENTLY qualified business and PROPOSED 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.
- Electronic fingerprints. See Section 1(c) of Instructions.
- Supporting legal documentation, if necessary. See Section 2(i) of Instructions.
- 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 Qualifying an Additional Business Entity Under the Same License Category
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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

| CHECK ONE OF THE APPLICATION TYPES | |
|---|---|
| <input type="checkbox"/> Certified or Registered Contractor Qualifying an Additional Business Entity as a Business Under the Same License Category. Complete entire application. [06xx/1046] | <input type="checkbox"/> Certified or Registered Contractor Qualifying an Additional Business as an Individual Under the Same License Category. Complete Sections I-III and VII-XII. [06xx/1047] |
| NOTE: If applying with a Financially Responsible Officer, the proposed Financially Responsible Officer must submit the CILB 8 application. | |

Section II – Applicant Personal Information

| PERSONAL INFORMATION | | | | |
|---|-------|---|------------------------|--------|
| Social Security Number* | | License Number For Qualification: | | |
| 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.



| ADDITIONAL CONTACT INFORMATION (OPTIONAL) | | | | |
|--|-------|--------------------|------------------|--------|
| Alternate Phone Number | | Fax Number | | |
| Alternate E-Mail Address | | | | |
| CURRENT/PRIOR LICENSE INFORMATION | | | | |
| If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary): | | | | |
| 1. License/Registration Type | State | Date (From) / / | Date (To) / / | |
| License Number | | Name Used | | |
| 2. License/Registration Type | State | Date (From) / / | Date (To) / / | |
| License Number | | Name Used | | |
| 3. License/Registration Type | State | Date (From) / / | Date (To) / / | |
| License Number | | Name Used | | |
| PRIOR NAME INFORMATION | | | | |
| Have you used, been known as, or are you currently known by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No If your answer is yes, state name or names used below: | | | | |
| Last Name | First | Middle | Title | Suffix |
| Last Name | First | Middle | Title | Suffix |
| Last Name | First | Middle | Title | Suffix |

| ADDITIONAL BUSINESS ORGANIZATION INFORMATION | |
|--|------------------|
| List any additional businesses that you currently qualify: | |
| License Number | Name of Business |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

Applicants should allow an additional 60 days following Central Intake's acknowledgment of a completed application in order to attend the required Board appearance. The Board appearance may be excused by one of the following (not applicable when qualifying more than two businesses):

- Qualifying contractor owning 20% or more of the proposed business; or
- Submitting a change of status application in lieu of an additional business application (Please note: the business you currently qualify will cease to be qualified with the approval of a change of status application)

Section III – Information on Business Presently Qualified

NOTE: If you qualify more than one present business, attach additional copies for each separate business.

| BUSINESS PRESENTLY 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): _____ | |
| What percentage of ownership do you have in the PRESENTLY qualified business? _____ % of PRESENTLY qualified business. | |
| Are you the Primary Qualifier for this company? <input type="checkbox"/> YES <input type="checkbox"/> NO | License number you use to qualify this company: |
| If there are additional qualifiers for this company, please provide their name(s) and license number(s) in the boxes below: | |
| Qualifier Name: | License Number: |
| Qualifier Name: | License Number: |
| Qualifier Name: | License Number: |
| Qualifier Name: | License Number: |
| Does the company have a Financially Responsible Officer? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| If YES, please provide the name and license number of the Financially Responsible Officer appointed below. | |
| Name of Financially Responsible Officer: _____ | |

Section IV – Information on Business Proposed to be Qualified

| BUSINESS PROPOSED 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: | |
| 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 DIFFERENT THAN APPLICANT INFORMATION) | | |
| Contact Name: | | |
| Phone Number of Contact | E-Mail Address of Contact | |
| BUSINESS LOCATION ADDRESS (IF DIFFERENT THAN MAILING ADDRESS) | | |
| Street Address | | |
| City | State | Zip Code (+4 optional) |
| County (if Florida address) | Country | |
| METHOD OF SUPERVISION | | |
| How will you supervise the business you PROPOSE to qualify (per Board Rule, supervision is demonstrated by one of the following)? | | |
| <input type="checkbox"/> Ownership – I own 20% or greater of the PROPOSED qualified business. | | |
| <input type="checkbox"/> Salary – I am an employee receiving a W2 from the PROPOSED qualified business. | | |
| <input type="checkbox"/> Other – Explain below how the PROPOSED qualified business is supervised and detail the supervisory structure of the PROPOSED business, including the method of payment for the applicant: | | |

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 – Financial Responsibility & Stability Requirements

| FINANCIAL RESPONSIBILITY & STABILITY | | | | | | | |
|--|--------------------|--------------|--------------------|-----------------|--|-------------------|--|
| <p>Do not complete this section if you selected Inactive in Section I. See Section 2(g) of Instructions for information on completing this section.</p> | | | | | | | |
| <ul style="list-style-type: none"> • CREDIT REPORT The applicant must submit a credit report containing a credit score (FICO derived) from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state, and federal levels. (See Instructions for more information). • FINANCIAL RESPONSIBILITY & STABILITY REQUIREMENTS Financial responsibility & stability can be demonstrated by a credit score of 660 or higher and no unsatisfied judgments or liens. (See Rule 61G4-15.006, Florida Administrative Code for details). <p>Does the submitted credit report show a credit score of 660 or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, the financial stability requirement may be met by providing a bond or irrevocable letter of credit from a bank authorized to do business in the State of Florida,</p> <p style="padding-left: 40px;">with proof of completion of an approved 14-hour financial responsibility course, in the amount of:</p> <ul style="list-style-type: none"> ▪ \$10,000 for Division I applicants ▪ \$5,000 for Division II applicants <p style="padding-left: 40px;">without proof of completion of an approved 14-hour financial responsibility course, in the amount of:</p> <ul style="list-style-type: none"> ▪ \$20,000 for Division I applicants ▪ \$10,000 for Division II applicants | | | | | | | |
| <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%;"> <tr> <td style="width: 50%;">School Name:</td> <td style="width: 50%;">School Provider #:</td> </tr> <tr> <td colspan="2">Name of Course:</td> </tr> <tr> <td colspan="2">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: | | | | | | | |
| <p>If you will be submitting a bond or an irrevocable letter of credit, see page 14 of this application for further instructions.</p> | | | | | | | |

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– Background Questions for Business to be Qualified**BACKGROUND QUESTIONS****Instructions:**

The Applicant and Authorized Representative(s) of the **PROPOSED** business must answer the background questions in this section.

Authorized Representative(s) of the business are any of the following:

- 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 X.

If YES to questions 3 or 4, please complete section XI.

1. Have you ever been convicted or found guilty of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.

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 IX – Background Questions– continued

| Person # | Indicate each response by checking "Yes" or "No" | Question Number | | | |
|----------|--|---|---|---|---|
| | | 1 | 2 | 3 | 4 |
| 1 | Applicant – Print Name | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 2 | Authorized Representative – Print Name | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 3 | Authorized Representative – Print Name | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 4 | Authorized Representative – Print Name | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 5 | Authorized Representative – Print Name | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 6 | Authorized Representative – Print Name | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 7 | Authorized Representative – Print Name | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 8 | Authorized Representative – Print Name | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 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(i-k) of Instructions for detailed instructions for providing complete explanations, including requirements for submitting supporting documents. Please complete Section X for your response to questions 1 and 2, and complete Section XI for your response to questions 3 and 4. If you have more than three offenses to document in Section X or two offenses in Section XI, attach additional pages as necessary.

Section X – 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 – 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

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.
- iii. Registered Contractor Applicants must 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.

b. 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.

c. All License Applicants:

- i. 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 Types

- i. Registered Contractor Qualifying an Additional Business Entity Under the Same License Category
 - (1) Select this application type if you will qualify more than one business entity with the same license category, AND
 - (2) You are a Registered Contractor meeting the requirements in 1(a) above.
- ii. Certified Contractor Qualifying an Additional Business Entity Under the Same License Category
 - (1) Select this application type if you will qualify more than one business entity with the same license category, AND
 - (2) You are a Certified Construction Contractor meeting the requirements in 1(b) above.

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. Applicant must provide their current license number for the license category under which they are applying to qualify an additional business entity.
- iii. 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.
- iv. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- v. 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.
- vi. 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.
- vii. Additional contact information is option 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 the 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.
- x. Applicants are required to list any additional businesses that they qualify. Please provide the license number that is qualifying the business and the name of each additional business that is already qualified.

c. Section III- Information on Business Presently Qualified

- i. Complete this section entirely.
- ii. Provide the name of the business presently 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 presently qualified.
- v. Select the box that indicates the type of business ownership for the business presently qualified.
- vi. Applicants must provide the percentage of ownership that they have in the business presently qualified.
- vii. Applicants must answer if they are a primary qualifier of the company and must list the license number they use to qualify the company.
- viii. Applicants must list if there are additional qualifiers for the company, if applicable.
- ix. Applicants must answer if the company has a Financially Responsible Officer and provide the license number of the Financially Responsible Officer, if applicable.

d. Section IV- Information on Business Proposed to be Qualified

- i. Complete this section entirely.
- ii. Provide the name of the business proposed 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 proposed to be qualified.
- v. Select the box that indicates the type of business ownership for the business proposed to be qualified.
- vi. Applicants must state whether the business proposed 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 proposed 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 proposed to be qualified. If this address is the same as the mailing address you may leave this information blank.
- x. Applicants are required to state the method in which the business proposed to be qualified will pay the applicant. Select the appropriate payment method. If payment will be a combination of payment methods, select “Other” and describe the method of payment. For example, “Other: ownership and salary”, if the applicant will be paid under both percentage of profits and paid a salary.
- xi. List the name, address, Social Security number, and percentage of ownership for all persons who have an ownership interest in the business proposed 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.
- xii. The percentage of ownership for all owners together must equal 100%.

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 VII.
- iv. All primary qualifiers are jointly and equally responsible for supervision of all operations of the business organization; for all field work at all sites; and for financial matters, both for the organization in general and for each specific job.
 - (1) If the primary qualifier does not have final approval authority on all business matters, they may wish to appoint a Financially Responsible Officer. Failure to appoint a Financially Responsible Officer will

result in the Primary Qualifier being financially responsible for all construction matters of the business entity.

- (a) If the business entity has already appointed a Financially Responsible Officer, provide the name of that individual.
- (b) If the business entity has not appointed a Financially Responsible Officer and will appoint someone to be the Financially Responsible Officer in connection with this application, provide the name of that individual (that individual must also submit the CILB 8 application form).

f. Section VI- Secondary Qualifier Information

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

g. Section VII- Financial Responsibility & Stability Requirements

- i. Complete this section entirely.
- ii. Applicant 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) Applicant 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 (FICO) or higher.
 - (a) If the applicant has a credit score less than 660 (FICO), 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 percent 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 61G4-15.006, 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.

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- 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 X or XI, 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 the full details as required below. If you have more than three offenses to document in Section X or two offenses in Section XI, attach additional copies as necessary.

j. Section X- 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 X [*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 2:

- (1) If you answer “yes” to this question, you must complete Section X [*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.

k. Section XI- 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 XI [*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 XI [*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.

l. Section XII- Affirmation by Written Declaration

- i. Applicant must sign the affirmation by written declaration.

VOLUNTARY CRIMINAL HISTORY INFORMATION:

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

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

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

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

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

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