

State of Florida
Department of Business and Professional Regulation
Construction Industry Licensing Board
Application for Financially Responsible Officer
Form # DBPR CILB 8

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

APPLICATION	APPLICATION REQUIREMENTS
Remove Financially Responsible Officer	<ul style="list-style-type: none"> <input type="checkbox"/> Complete Sections II and VIII of this application.
Add Financially Responsible Officer	<ul style="list-style-type: none"> <input type="checkbox"/> Complete Sections III-VIII application. <input type="checkbox"/> Fees of \$200 for Financially Responsible Officer application <input type="checkbox"/> Credit report 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. <input type="checkbox"/> Bond for Financially Responsible Officer. See Section 2(h) of Instructions. <input type="checkbox"/> Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable. <input type="checkbox"/> Electronic fingerprints for applicant. See Section 1(b)(i) of Instructions. <input type="checkbox"/> Supporting legal documentation, if necessary. See Section 2(d) of Instructions.
Change Financially Responsible Officer	<ul style="list-style-type: none"> <input type="checkbox"/> Complete this entire application. <input type="checkbox"/> Fees of \$200 for Financially Responsible Officer application <input type="checkbox"/> Credit report 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. <input type="checkbox"/> Bond for Financially Responsible Officer. See Section 2(h) of Instructions. <input type="checkbox"/> Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable. <input type="checkbox"/> Electronic fingerprints for applicant. See Section 1(b)(i) of Instructions. <input type="checkbox"/> Supporting legal documentation, if necessary. See Section 2(d) of Instructions.

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 Financially Responsible Officer
Form # DBPR CILB 8

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"/> Remove Financially Responsible Officer (Complete Sections II and VIII.) [0627/3021]
<input type="checkbox"/> Add Financially Responsible Officer (Complete Sections III-VIII.) [0627/3021; 0628/1030]
<input type="checkbox"/> Change Financially Responsible Officer (Complete this entire application.) [0627/3021; 0628/1030]

Section II – Remove Financially Responsible Officer

NOTE: If the business entity does not appoint a new Financially Responsible Officer, ALL Primary Qualifying Agents will be jointly and severally liable for all construction and business matters of the business entity.

CONSTRUCTION BUSINESS INFORMATION
Name of Financially Responsible Officer to be removed:
Name of Construction Business:
Name of Primary Qualifier:
License Number of Primary Qualifier:

Section III – Financially Responsible Officer Personal Information

CONSTRUCTION BUSINESS INFORMATION				
Name of business for which you are applying to be Financially Responsible Officer:				
Doing Business As (D/B/A), if applicable:			Federal Employer ID Number (FEID):	
Name of Primary Qualifier or name of applicant who is applying to qualify the business for which you are applying to be Financially Responsible Officer:				
License Number of Primary Qualifier of business for which you are applying to be Financially Responsible Officer, if applicable:				
Financially Responsible Officer to be Appointed				
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		

* 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 – Financially Responsible Officer Personal Information - continued

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		
BUSINESS LOCATION ADDRESS				
Business/Firm Name				
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				
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 – Financially Responsible Officer Background Questions

BACKGROUND QUESTIONS	
<input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, please complete Section V)	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.
<input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, please complete Section V)	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.
<input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, please complete Section VI)	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?
<input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, please complete Section VI)	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to any question in questions 1 – 4 above, please refer to Sections 2(d-f) of Instructions for detailed instructions for providing complete explanations, including requirements for submitting legal documents.. Please complete Section V for your response to questions 1 and 2, and complete Section VI for your response to questions 3 and 4. If you have more than three offenses to document in Section V or need additional room for Section VI, attach additional copies as necessary.

Section V – Explanations for Background Questions 1 and 2

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

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	

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 VIII – Affirmation by Written Declaration

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

INSTRUCTIONS

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

1. General Requirements for Financially Responsible Officer

- a. Definition of "Financially Responsible Officer"-
 - i. A person other than the primary qualifying agent who with the approval of the board assumes personal responsibility for all financial aspects of the business organization.
 - ii. The Financially Responsible Officer has final approval authority on all business matters, including contracts, specifications, checks, drafts, or payments, regardless of the form of payment, made by the business entity.
- b. **All Financially Responsible Officer Applicants must:**
 - i. 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. Remove Financially Responsible Officer
 - (1) Select this application type if the qualified business decides to remove the Financially Responsible Officer and assign responsibility for all financial aspects of the business organization to the primary qualifying agent.
 - (2) Complete Sections II and VIII.
 - ii. Add Financially Responsible Officer
 - (1) Select this application type if the qualified business with a primary qualifier decides to appoint a Financially Responsible Officer to have responsibility for all financial aspects of the business organization.
 - (2) Complete Sections III-VIII.
 - iii. Change Financially Responsible Officer
 - (1) Select this application type if the qualified business with a current Financially Responsible Officer decides to change the person who is appointed as the Financially Responsible Officer.
 - (2) Complete this entire application.
- b. **Section II- Remove Financially Responsible Officer** (Complete only if you will be Removing or Changing a Financially Responsible Officer.)
 - i. Complete this section entirely.
 - ii. Provide the name of the Financially Responsible Officer to be removed.
 - iii. Provide the name of the construction business from which the Financially Responsible Officer will be removed. Provide the name of the business as it is registered with the Florida Division of Corporations.
 - iv. Provide the name of the Primary Qualifier of the business from which the Financially Responsible Officer will be removed.
 - v. Provide the license number of the Primary Qualifier named above.
- c. **Section III- Financially Responsible Personal Information**
 - i. Fill out each section completely.
 - ii. Provide the name of the business for which you are applying to be a Financially Responsible Officer. Provide the name of the business 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. Provide the name of the current Primary Qualifier of the company OR if this application is to be submitted in conjunction with an application to qualify the company, provide the name of the applicant who is applying to become the Primary Qualifier of the company.
 - vi. Provide the license number, if applicable, for the Primary Qualifier of the business for which you applying to be the Financially Responsible Officer.
 - vii. Applicant to be a Financially Responsible Officer must provide their Social Security number. A social security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
 - viii. 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.
 - ix. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
 - x. 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.
 - xi. 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.
 - xii. Applicants must provide the address for the business for which they are applying to be a Financially Responsible Officer.
 - xiii. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
 - xiv. Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant's legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.
- d. **Section IV- Background Questions**
- i. Applicants must submit answers to each of the background questions.
 - ii. For each "Yes" answer the person must provide an explanation in Section V or VI, as applicable.
- e. **Section V- Explanations for Background Questions 1 and 2**
- i. For this section, provide as much detail as possible.
 - ii. Question 1:
 - (1) If you answer "yes" to this question, you must complete Section V [*make additional copies as necessary*] of the application please provide the full details of the criminal charges including dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending. If you answer NO to this question because you believe that previous incidents have been dismissed, no action taken, nolle prossed, or expunged, you may be asked to supply documentation as proof of the disposition.
 - iii. Question 2:
 - (1) If you answer "yes" to this question, you must complete Section V [*make additional copies as necessary*] of the application and you must also supply documentation proving the bankruptcy has been discharged or the judgment or lien has been satisfied, or if not, stating the current status of the bankruptcy, judgment or lien.
 - iv. Submit supporting legal documentation, if necessary, with this application.
- f. **Section VI- Explanations for Background Questions 3 and 4**
- i. For this section, provide as much detail as possible.
 - ii. Question 3:
 - (1) If you answer "yes" to this question, you must complete Section VI [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
 - (2) Provide the full details explaining the denial or pending administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application.

- iii. Question 4:
 - (1) If you answer “yes” to this question, you must complete Section VI [*make additional copies as necessary*] of the application and supply copies of the order(s) (if applicable) showing the disciplinary action taken against the license or documentation showing the status of the pending action.
 - (2) Provide the full details of any administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application.
- iv. Submit supporting legal documentation, if necessary, with this application.
- g. **Section VII- 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.
- h. **Section VIII- Affirmation by Written Declaration**
 - i. The Financially Responsible Officer must sign the affirmation by written declaration.