

Please give the details of your work experience history. Please refer to Section 489.111, Florida Statutes, and Rule 61G4-15.001, Florida Administrative Code.

EXPERIENCE HISTORY			
SUBMIT ADDITIONAL SHEETS IF NECESSARY			
DESCRIBE EXPERIENCE AND WORK PERFORMED	LIST JOBS where the described Experience was gained (list number of stories if applying for GENERAL) and List the company and/or contractors that supervised your work	Name, Address & Phone Number of Employer or Name of Company	TIME SPENT on projects listed FROM/TO

QUALIFICATION FOR LICENSURE CHECK ONLY ONE BOX	
A person shall qualify for certification licensure by meeting one of the following requirements:	
<input type="checkbox"/>	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
<input type="checkbox"/>	2. One year of experience as a foreman and not less than 3 years of credits for any accredited college-level courses
<input type="checkbox"/>	3. One year experience as a workman, one year proven experience as a foreman and two years of credits for any accredited college-level courses
<input type="checkbox"/>	4. Two years experience as a workman, one year experience as a foreman and one year of credits for any accredited college-level courses
<input type="checkbox"/>	5. Four years experience as a workman or foreman of which at least one year must have been as a foreman
<input type="checkbox"/>	6. Holding an active certified Florida contractor's license. If checked, please fill in: License # _____ Date issued _____ If item #6 is selected: This option only applies to Certified Building, Residential, Air-Conditioning and Swimming Pool contractors as provided in Section 489.111(2)(c)4-6, Florida Statutes.

TO BE COMPLETED BY PERSON VERIFYING EXPERIENCE AND NOTARY PUBLIC All years of experience necessary for qualification must be verified. Applicants may submit more than one affidavit.	
I _____ certify that I have direct knowledge of the work <small>(PRINT NAME OF PERSON VERIFYING EXPERIENCE)</small> experience of _____ and that he or she meets the <small>(PRINT APPLICANT'S NAME)</small> requirements for _____ as set forth in Section 489.111(2)c, <small>(TYPE OF LICENSE APPLYING FOR)</small> Florida Statutes, and Rule 61G4-15.001, Florida Administrative Code. I further understand my license can be subject to discipline if the information given and attested to by me is found to be misleading and fraudulent.	
Name of individual verifying experience:	Verifier's License Number <u>(attach copy of license)</u> :
Verifier's Employer (DBA Name):	Verifier's Employer (DBA) Address: Phone Number:
Describe in detail the applicant's duties, dates of employment, and employer, including any hands on/supervisory responsibilities:	

Applicant's experience (continued):

Applicant's Years of Supervisory Experience: From _____ To _____
(DATE) (DATE)

Notarized Signature of Person Verifying Experience: _____
Date: _____

I may be reached by phone for comment, if necessary, at the telephone number shown below during business hours. **REQUIRED**

Phone Number: _____

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

(Name of person making statement)

(Signature of Notary Public-State of _____)

(Notary Seal)

(Name of Notary; typed, printed, or stamped)

Personally known _____ OR produced identification _____

Type of identification produced _____

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

PERSONAL INFORMATION				
Social Security Number*				
Last Name	First	Middle	Title	Suffix
Birth Date (MM/DD/YYYY)		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		
Race/Ethnicity (check only one): <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Spanish, Hispanic or Latino <input type="checkbox"/> Other				
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	

*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

PRIOR LICENSE INFORMATION			
If you currently or previously have held a business or professional license/registration in Florida or elsewhere, please list them below:			
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	

BACKGROUND INFORMATION			
1.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withhold of adjudication? This question applies to any 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 943.058, 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.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraudulent or dishonest dealing, or is there any such case or investigation pending?
3.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	Has any license, registration or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or withdrawn in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to questions 1 – 4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or 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. Please utilize form 0050-1 for your responses to questions 1 and 2, and form 0060-1 for your responses to questions 3 and 4. If you have more than seven offenses to document on form 0050-1, attach additional copies of form 0050-1 as necessary.

PRIOR NAME INFORMATION				
Have you used, been known as, or called by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? Yes <input type="checkbox"/> No <input type="checkbox"/>				
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

ATTEST STATEMENT

I have read the questions in this application and have answered them completely and truthfully to the best of my knowledge.

I have successfully completed the education, if any, required for the level of licensure, registration, or certification sought.

I have the amount of experience required, if any, for the level of licensure, registration, or certification sought.

I pledge to comply with the applicable standards of practice upon licensure, registration, or certification.

I understand the types of misconduct for which disciplinary proceedings may be initiated.

Giving knowingly misleading statements or knowing misrepresentation when applying for a license constitutes a felony of the third degree and may result in licensure denial or revocation.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature: _____

Print Name: _____

Social Security Number: _____

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, FL 32399 – 0783
www.MyFloridaLicense.com**

NOTE – This form must be submitted as part of an entire application packet.

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.

APPLICANT INFORMATION				
Last Name	First	Middle	Title	Suffix
Social Security Number*		Telephone Number		

APPLYING FOR LICENSURE AS (Select Only One):	
<input type="checkbox"/> Individual – Financial Statement reflects financial condition of APPLICANT	<input type="checkbox"/> Sole Proprietor – Financial Statement reflects financial condition of COMPANY OR OWNER
<input type="checkbox"/> Corporation – Financial Statement reflects financial condition of CORPORATION	<input type="checkbox"/> Partnership – Financial Statement reflects financial condition of PARTNERSHIP

As part of the Financial Statement, you must provide the following supporting documentation unless you are submitting an audited CPA prepared financial statement:

- If you are showing inventory, machinery, fixtures and equipment as part of your total assets, you must attach a listing of these items and monetary value of each to this form.
- If you include “cash in bank” as part of your financial statement, you must submit a bank verification letter that indicates the name on the account and the current account balance. The bank verification letter may be no older than three months. If you are providing a business financial statement, you must ensure that your bank account is in the legal name of the business entity.

IF YOU ARE APPLYING TO QUALIFY A CORPORATION, PARTNERSHIP, TRUST OR OTHER LEGAL ENTITY, you must also include documented proof that any property, buildings, vehicles, or life insurance is in the name of the corporation, partnership, trust, or legal entity unless you are submitting an audited CPA prepared financial statement.

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FINANCIAL STATEMENT			
Statement of Financial Condition Of: _____ (Individual Name or Name of Business Being Qualified, as appropriate.)			
Date of Financial Statement:		SSN/FEID Number:	
ASSETS (Omit Cents)		LIABILITIES (Omit Cents)	
1. Cash in Bank – Refer to statement on previous page regarding verification of cash in bank.	\$	14. Accounts Payable	\$
2. Accounts and Notes Receivable	\$	15. Notes Payable to Banks and Others (i.e., vehicles/ equipment/lines of credit, etc.)	\$
3. Inventory, i.e., supplies	\$	16. Mortgages and Bonds Payable	\$
4. US Government Securities	\$	17. Unpaid Taxes	\$
5. Other Current Assets, i.e., vehicles (itemize)	\$	18. Wages & Interest	\$
	\$	19. Other Liabilities (if corporation)	\$
	\$		
6. Real Estate	\$		
7. Buildings-Net (after depreciation)	\$		
8. Machinery, Fixtures & Equipment (after depreciation)	\$		
9. Leasehold Improvements-Net (after amortization)	\$		
10. Cash Surrender Value of Life Insurance	\$		
11. Stock & Bonds	\$		
12. Other Assets (itemize)	\$		
	\$		
13. Total Assets (add items 1 thru 12 above)	\$	20. Total Liabilities (add items 14 thru 19 above)	\$
		21. Net Worth (Subtract Item 20 from Item 13.)	\$
TOTAL from Line 13	\$	TOTAL LIABILITIES/NET WORTH – Add lines 20 and 21	\$

PLEASE NOTE THAT THE TOTAL ASSETS COLUMN AND TOTAL LIABILITIES/NET WORTH COLUMN MUST EQUAL THE SAME AMOUNT.

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, FL 32399 – 0783-
www.MyFloridaLicense.com

This application must be submitted with a licensed contractor’s change of status application or a contractor’s initial licensure application.

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.

This application is NOT required if you are applying for an individual license.

APPLICANT INFORMATION				
Last Name	First	Middle	Title	Suffix
Social Security Number*		Telephone Number		
License Number				
CHECK APPLICABLE TRANSACTIONS				
Check only one box in each section below				
<input type="checkbox"/> Certified <input type="checkbox"/> Registered – <i>Attach copies of Local Occupational License and Competency Card.</i> <i>City/County of Issuance:</i> _____		<input type="checkbox"/> Initial Qualified Business License Application <u>Qualified Business Change of Status:</u> <input type="checkbox"/> From Primary to Secondary Qualifier <input type="checkbox"/> From Secondary to Primary Qualifier <input type="checkbox"/> Add Additional Qualifier <input type="checkbox"/> Change Officer(s) <input type="checkbox"/> Change from One Qualifier to Another <input type="checkbox"/> Amended Corporate Name Change		

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BUSINESS TO BE QUALIFIED INFORMATION		
Corporate Name		Doing Business As (DBA)
Qualified Business License Number		Federal Employer ID Number (FEID)
Business No Longer Qualified		
Ownership: Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/>		
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code
County (if Florida address)		Country
CONTACT INFORMATION		
Contact Name		
Primary Phone Number		Primary E-Mail Address
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)		
Street Address		
City	State	Zip Code
County (if Florida address)		Country
BUSINESS LOCATION ADDRESS		
Street Address		
City	State	Zip Code
County (if Florida address)		Country

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number	Fax Number
Alternate E-Mail Address	

INSURANCE
Have you obtained public liability and property damage insurance in the amounts determined by rule of the Construction Industry Licensing Board? Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Minimum amounts required for General Liability Insurance: General and Building Contractors - \$300,000 bodily injury; \$50,000 property damage All other Categories - \$100,000 bodily injury; \$25,000 property damage</p>
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 <input type="checkbox"/> No <input type="checkbox"/>

PRIMARY QUALIFYING AGENT / FINANCIALLY RESPONSIBLE OFFICER	
Name of person legally appointed as the qualifier to act for the business organization in all matters connected with its contracting business, and who has been given authority to supervise all construction work performed by the business (this must be the applicant or a licensed contractor):	
Primary Qualifying Agent Name	License Number (if applicable)
Does the primary qualifying agent also have final approval authority on all business matters, including contracts, specifications, checks, drafts, or payments, regardless of the form of payment, made by the entity? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, you must appoint a Financially Responsible Officer by completing form DBPR CILB 4366 – Financially Responsible Officer Application Package and returning it to our office with your application. This will alleviate the licensed qualifier’s financial responsibility, but the qualifier will still be responsible for all construction-related matters.	
Name of Financially Responsible Officer (if different than primary qualifier):	

SECONDARY QUALIFYING AGENT (OPTIONAL)	
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.	

ORGANIZATIONAL RELATIONSHIPS	
Do you qualify any business other than the business you are applying to qualify? (If yes, complete DBPR CILB 4353 – Qualify Additional Business Organization form)	
Yes <input type="checkbox"/> Name of Business: _____	No <input type="checkbox"/>

BUSINESS OWNERSHIP			
List below the business owners and percentage of ownership for each. TOTAL MUST EQUAL 100%.			
Name of Owner & Title	Address	Social Security No. *	% of Ownership

FINANCIAL RESPONSIBILITY/BACKGROUND QUESTIONS									
<p>NOTE: If you answer "Yes" to any of the questions below, you must provide an explanation on DBPR 0060 – General Explanatory Description form and attach legal documentation (i.e., satisfaction of lien, judgement, payment schedule, etc.)</p> <p>The following persons must answer the financial responsibility questionnaire: Qualifying Agent/Applicant All Business Officers (President, Secretary, etc.)</p> <p>Indicate your response by circling "Yes" or "No" on the grid provided below.</p>									
Have you, or a partnership in which you were a partner, or an authorized representative, or a corporation in which you were an officer or an authorized representative ever:									
1. Undertaken construction contracts or work that a third party, such as a bonding or surety company, completed or made financial settlements?									
2. Had claims or lawsuits filed for unpaid past-due bills by your creditors as a result of construction operations?									
3. Undertaken construction contracts or works which resulted in liens, suits or judgments being filed? (If yes, you must attach a copy of the Notice of Lien and any payment agreement, satisfaction, Release of Lien or other proof of payment.)									
4. Had a lien filed against you by the U.S. Internal Revenue Service or Florida Corporate Tax Division?									
5. Made an assignment of assets in settlement of construction obligations for less than the debts outstanding?									
6. Been charged with or convicted of acting as a contractor without a license, or, if licensed as a contractor in this or any other state, been subject to any disciplinary action by a state, county, or municipality? (If yes, you must attach a copy of any state, county, municipal or out-of-state disciplinary order or judgment.)									
7. Filed for or been discharged in bankruptcy within the past five years? (If "yes", you must attach a copy of the Discharge Order, Order Confirming Plan, or if a Corporate Chapter 7 case, a copy of the Notice of Commencement.)									
8. Been convicted or found guilty of or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction?									
Indicate your response by circling "Yes" or "No"									
Question Number:		1	2	3	4	5	6	7	8
Applicant – Print Name		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Officer – Print Name		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Officer – Print Name		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Officer – Print Name		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Officer – Print Name		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
NOTE – This form must be submitted as part of an
application packet.**

PERSONAL INFORMATION				
Last Name	First	Middle	Title	Suffix
Identify question number on form DBPR 0010 this explanation pertains to:				

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

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

Attach additional sheets as necessary

