

**INFORMATION REGARDING COMPLETION OF
LIMITED NON-RENEWABLE REGISTRATION APPLICATION**

DBPR CILB 4367

Application begins on page 4.

*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**.*

In filing an application, be certain that the application is completely filled out, that all questions are answered truthfully and that all the information requested is provided. **Please type or print in ink.** Applicants are cautioned to read questions thoroughly. A false answer concerning financial or background information will subject the applicant to denial or subsequent disciplinary action against the license.

ELECTRONIC FINGERPRINTING: Beginning **November 1, 2007**, all applicants for initial licensure or changes of status will be required to have a criminal background check performed by the Florida Department of Law Enforcement and Federal Bureau of Investigation. **You are responsible for ensuring that your fingerprints have been scanned by the Department's vendor, Promissor, prior to submitting your application.**

Electronic fingerprinting is located at various convenient sites throughout Florida (www.myfloridalicense.com/efp3.html). Reservations and payment can be made by visiting the Promissor reservation website at www.promissor.com (and selecting 'Digital Fingerprinting Services') or by calling Promissor at 1.877.238.8232. **You must pay a fee of \$56.25 to Promissor for the processing of your electronic fingerprints. This cost is in addition to the application fees listed on this application package.**

If you are located outside of the state of Florida, or if you have any questions regarding the electronic fingerprinting process, please visit www.myflorida.com/dbpr/pro/cilb/faq.html.

APPLICATION CHECKLIST: Select the appropriate “Transaction” below which applies to your situation and follow the steps identified in the corresponding “Application Checklist” box.

| TRANSACTION | APPLICATION CHECKLIST |
|--|--|
| <p>Limited Non-Renewable Registration</p> <p>FOR INDIVIDUAL ONLY</p> | <p>FEES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> \$309 <input type="checkbox"/> Make check payable to the Department of Business and Professional Regulation. <p>FORMS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> DBPR CILB 4367 – Limited Non-Renewal Registration Application <input type="checkbox"/> DBPR 0010 – Master Individual Application <input type="checkbox"/> DBPR CILB 4370 – CILB Financial Statement <input type="checkbox"/> DBPR 0050 and DBPR 0060, as applicable, if you responded “yes” to any of the Financial Responsibility Questions or any questions on DBPR 0010 – Master Individual Application. <p>SUPPORTING DOCUMENTATION:</p> <ul style="list-style-type: none"> <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. Not every credit reporting agency includes this information. For a list of agencies, visit www.myflorida.com/dbpr/pro/cilb/index.html. <input type="checkbox"/> Make sure you have filed your electronic fingerprints with Promissor. (See page 1 of this package for additional information.) <input type="checkbox"/> Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable. <input type="checkbox"/> Bank verification letter. (Required if you include cash on your financial statement.) <input type="checkbox"/> Listing of machinery and equipment if listed on financial statement. <input type="checkbox"/> Copy of out of state license from the state in which you currently operate. <input type="checkbox"/> Proof that a competency exam has been taken in the state in which you operate. <input type="checkbox"/> Occupational license from city or county (only applicable if a permanent or branch office is maintained within the jurisdiction). <p><i>Note: The Construction Industry Licensing Board will approve or deny the Limited Non-Renewable Registration at the next available board meeting.</i></p> |

| TRANSACTION | APPLICATION CHECKLIST |
|--|--|
| <p>Limited Non-Renewable Registration for Contractor WHO IS QUALIFYING A BUSINESS</p> | <p>FEES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> \$368 (\$309 for individual license and \$59 for newly established qualified business) <input type="checkbox"/> Make check payable to the Department of Business and Professional Regulation. <p>FORMS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> DBPR CILB 4367 – Limited Non-Renewal Registration Application <input type="checkbox"/> DBPR 0010 – Master Individual Application <input type="checkbox"/> DBPR CILB 4370 – CILB Financial Statement on BUSINESS <input type="checkbox"/> DBPR CILB 4357 – Qualified Business/Qualified Business Change of Status Application <input type="checkbox"/> DBPR 0050 and DBPR 0060, as applicable, if you responded “yes” to any of the Financial Responsibility Questions on DBPR 0010 – Master Individual Application or DBPR CILB 4357 – Qualified Business/Qualified Business Change of Status Application. <p>SUPPORTING DOCUMENTATION:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Credit reports on applicant and business from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state and federal levels. Not every credit reporting agency includes this information. For a list of agencies, visit www.myflorida.com/dbpr/pro/cilb/index.html. <input type="checkbox"/> Make sure you have filed your electronic fingerprints with Promissor. (See page 1 of this package for additional information.) <input type="checkbox"/> Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable. <input type="checkbox"/> Bank verification letter. (Required if you include cash on your financial statement.) <input type="checkbox"/> Listing of machinery and equipment if listed on financial statement. <input type="checkbox"/> Proof that property, buildings, vehicles or life insurance is in the name of the business if listed on the financial statement. <input type="checkbox"/> Proof of registration with the Florida Secretary of State for corporation, partnership, LLC, or fictitious name. <input type="checkbox"/> Copy of out of state license from the state in which you currently operate. <input type="checkbox"/> Proof that a competency exam has been taken in the state in which you operate. <input type="checkbox"/> Occupational license from city or county (only applicable if a permanent or branch office is maintained within the jurisdiction). <p>NOTE: If the Financially Responsible Officer is not the primary qualifier for the business, the officer will need to complete DBPR CILB 4366 - Financially Responsible Officer form, pay a \$200 fee, and submit supporting documentation as required.</p> <p><i>The Construction Industry Licensing Board will approve or deny the Limited Non-Renewable Registration at the next available board meeting.</i></p> |

Please send your completed application, documentation and required fee(s) to:
Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399 – 0783

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 | | |

| CHECK ONLY ONE LICENSE CATEGORY | | |
|---|--|---|
| For definitions and information on license categories, go to www.myflorida.com/dbpr/pro/cilb/cilb_index.shtml . | | |
| <input type="checkbox"/> Class A Air-Conditioning | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Underground Utility and Excavation |
| <input type="checkbox"/> Class B Air-Conditioning | <input type="checkbox"/> Commercial Pool/Spa | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Building | <input type="checkbox"/> Residential Pool/Spa | <input type="checkbox"/> Specialty: Dry Wall |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Swimming Pool/Spa Servicing | <input type="checkbox"/> Specialty: Structure |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Residential | <input type="checkbox"/> Specialty: Solar Water Heating |
| <input type="checkbox"/> General | <input type="checkbox"/> Sheet Metal | <input type="checkbox"/> Specialty: Gas Line |

| CHECK APPLICABLE TRANSACTION |
|--|
| One box must be checked in each section below. |
| <input type="checkbox"/> Individual – Do not complete pages 11 – 13. <input type="checkbox"/> Business – Complete all pages of application. |
| Name of Business: _____ |

| 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"/> |
| 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 |
| 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"/> |

*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.

**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 | |

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| 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
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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: | |
| Statement of Financial Condition Of: _____ (Name of Business Being Qualified, if applicable) | | | |
| Date of Financial Statement: | | 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.MyFlorida.com/dbpr

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 | | |

*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.

| 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 work 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 |
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| Description | |
| | |
| | |
| | |

Attach additional sheets as necessary

