

**INFORMATION FOR
QUALIFYING ADDITIONAL BUSINESS ENTITY
DBPR CILB 4353**

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 license disciplinary action.

QUALIFICATIONS: In order to qualify an additional business organization, the applicant must present evidence to the Construction Industry Licensing Board of supervisory ability and financial responsibility of each such organization. **ONCE AN APPLICATION IS DEEMED COMPLETE BY BOARD STAFF, IT MUST BE PRESENTED TO THE CONSTRUCTION INDUSTRY LICENSING BOARD'S ADDITIONAL ENTITY COMMITTEE FOR FINAL APPROVAL. ALL APPLICANTS ARE REQUIRED TO APPEAR BEFORE THE BOARD.**

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>Qualify Additional Business Entity for CERTIFIED Contractor</p>	<p>FEES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Applying between May 1st of an EVEN year and AUGUST 31st of an ODD year \$209 – FOR INDIVIDUAL; \$268 – IF QUALIFYING NEWLY ESTABLISHED BUSINESS; or \$259 – IF QUALIFYING AN EXISTING BUSINESS ENTITY THAT HAS A QB LICENSE NUMBER <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Applying between SEPTEMBER 1st of an ODD year and April 30th of an EVEN year \$109 - FOR INDIVIDUAL; \$168 – IF QUALIFYING NEWLY ESTABLISHED BUSINESS; or \$159 – IF QUALIFYING AN EXISTING BUSINESS ENTITY THAT HAS A QB LICENSE NUMBER <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 4353 – Qualify Additional Business Entity Application <input type="checkbox"/> DBPR CILB 4369 – Authorized Agent Statement <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 CILB 4353 – Qualify Additional Business Entity 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 businesses (BOTH PRESENT AND PROPOSED) 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"/> Financial statement prepared by a Certified Public Accountant on PRESENT AND PROPOSED business entities. Statement must be prepared on accrual basis only and reflect the financial condition of BOTH entities for a similar time period. <input type="checkbox"/> If the proposed entity is less than one year old, in lieu of a CPA prepared financial statement, the applicant may submit a CPA prepared letter of capitalization. <input type="checkbox"/> Letter from bank attesting to applicant's check writing authority for PRESENT entity. <input type="checkbox"/> Letter from bank attesting to applicant's check writing authority for PROPOSED entity. <input type="checkbox"/> Copies of the three most recent bank statements for both the PRESENT and PROPOSED business entities. (If PROPOSED business has not yet received bank statements, simply provide the bank statements for the PRESENT business.) <input type="checkbox"/> Certificate of Status from the Florida Secretary of State for corporation, partnership, LLC, or fictitious name on BOTH the PRESENT AND PROPOSED ENTITIES. <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>

TRANSACTION	APPLICATION CHECKLIST
<p>Qualify Additional Business Entity for REGISTERED Contractor</p>	<p>FEES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Applying between May 1st of an ODD year and AUGUST 31st of an even year \$309 – FOR INDIVIDUAL; \$368 – IF QUALIFYING NEWLY ESTABLISHED BUSINESS; or \$359 – IF QUALIFYING AN EXISTING BUSINESS ENTITY THAT HAS A QB LICENSE NUMBER <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Applying between SEPTEMBER 1st of an EVEN year and April 30th of an ODD year \$209 - FOR INDIVIDUAL; \$268 – IF QUALIFYING NEWLY ESTABLISHED BUSINESS; or \$259 – IF QUALIFYING AN EXISTING BUSINESS ENTITY THAT HAS A QB LICENSE NUMBER <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 4353 – Qualify Additional Business Entity Application <input type="checkbox"/> DBPR CILB 4369 – Authorized Agent Statement <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 CILB 4353 – Qualify Additional Business Entity 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 businesses (BOTH PRESENT AND PROPOSED) 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"/> Financial statement prepared by a Certified Public Accountant on PRESENT AND PROPOSED business entities. Statement must be prepared on accrual basis only and reflect the financial condition of BOTH entities for a similar time period. <input type="checkbox"/> If the proposed entity is less than one year old, in lieu of a CPA prepared financial statement, the applicant may submit a CPA prepared letter of capitalization. <input type="checkbox"/> Letter from bank attesting to applicant’s check writing authority for PRESENT entity. <input type="checkbox"/> Letter from bank attesting to applicant’s check writing authority for PROPOSED entity. <input type="checkbox"/> Copies of the three most recent bank statements for both the PRESENT and PROPOSED business entities. (If PROPOSED business has not yet received bank statements, simply provide the bank statements for the PRESENT business.) <input type="checkbox"/> Certificate of Status from the Florida Secretary of State for corporation, partnership, LLC, or fictitious name on BOTH the PRESENT AND PROPOSED ENTITIES. <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>

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

www.MyFloridaLicense.com

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, FL 32399 – 0783
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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
License Number				

INFORMATION ON BUSINESS TO BE QUALIFIED	
Corporate Name	Doing Business As (DBA)
Qualified Business License Number	

INFORMATION ON BUSINESS PRESENTLY QUALIFIED	
Corporate Name	Doing Business As (DBA)
Qualified Business (QB) License Number – NOTE: If the business you presently qualify does not have a QB number, you must apply for a qualified business license at this time and pay the \$59 fee.	

ADDITIONAL BUSINESS ORGANIZATION QUESTIONS
1. Explain why you wish to maintain your present license(s) while qualifying this additional business.
2. Has the proposed entity been previously qualified? If so, explain why the previous qualifier is no longer willing to continue to qualify this entity.

<p>3. If the proposed entity has been qualified within the last 12 months, list the last three jobs completed by the proposed entity. Include dates of completion, address, description of work, name of previous qualifier, and name of owner.</p>
<p>a. Description of Work:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date of Completion: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Name of Previous Qualifier: _____</p> <p>Name of Owner: _____</p>
<p>b. Description of Work:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date of Completion: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Name of Previous Qualifier: _____</p> <p>Name of Owner: _____</p>
<p>c. Description of Work:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date of Completion: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Name of Previous Qualifier: _____</p> <p>Name of Owner: _____</p>

<p>4. List the last three jobs completed by you under your existing license. Include dates of completion, address, description of work, name of previous qualifier, and name of owner.</p>
<p>a. Description of Work:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date of Completion: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Name of Previous Qualifier: _____</p> <p>Name of Owner: _____</p>
<p>b. Description of Work:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date of Completion: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Name of Previous Qualifier: _____</p> <p>Name of Owner: _____</p>
<p>c. Description of Work:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date of Completion: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Name of Previous Qualifier: _____</p> <p>Name of Owner: _____</p>

<p>5. Does the business you presently qualify and/or wish to qualify have any outstanding liens against them or against the property of consumers as a result of construction work or a contract they had with your firm?</p> <p>YES <input type="checkbox"/> If yes, identify business, provide explanation, and provide proof of satisfaction.</p> <p>NO <input type="checkbox"/></p>
<p>6. List principal suppliers for the past six months for the business you PRESENTLY qualify.</p>
<p>7. List principal suppliers for the past six months for the business YOU ARE APPLYING TO qualify.</p>
<p>8. List persons authorized (currently and in past 6 weeks) to pull permits on your license(s).</p>
<p>9. How are you being paid by the businesses you presently qualify?</p> <p> <input type="checkbox"/> % of Profits <input type="checkbox"/> Fixed Fee <input type="checkbox"/> Salary <input type="checkbox"/> Other (explain)_____ </p>
<p>10. How will you be paid by the business you are applying to qualify?</p> <p> <input type="checkbox"/> % of Profits <input type="checkbox"/> Fixed Fee <input type="checkbox"/> Salary <input type="checkbox"/> Other (explain)_____ </p>
<p>11. What percentage of ownership do you have in the present businesses you are qualifying and what percentage of ownership will you have in the business you are attempting to qualify?</p> <p> % of Present Business: _____ % of Proposed Business: _____ </p>

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

This form must be submitted with a licensed contractor’s application to qualify an additional business entity.

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.

TO BE COMPLETED BY AUTHORIZED AGENT OF BUSINESS TO BE QUALIFIED	
I, _____, authorized agency of (Name of authorized agent)	
_____, do hereby attest (Name of Business Entity To Be Qualified)	
that I am aware that _____ presently (Name of Applicant)	
qualifies _____ and (Name of Business Entity Applicant Currently Qualifies)	
has submitted an application to the Construction Industry Licensing Board to qualify _____, as a second (Name of Business Entity To Be Qualified)	
business entity.	
Signature of Agent : _____ Date: _____	
NOTARIZATION	
The foregoing application was sworn to and subscribed before me this ____ Day of _____, 20 ____,	
by _____ Type or print name of applicant	_____ Signature of applicant
who is personally known to me or who has produced the following as identification.	
_____ Type of identification	
Signature of person taking acknowledgement Notary Seal (Rubber Stamp and Expiration)	

TO BE COMPLETED BY AUTHORIZED AGENT OF PRESENT QUALIFIED BUSINESS	
I, _____, (Name of authorized agent)	authorized agency of
_____, do hereby attest (Name of Present Qualified Business Entity)	
that I am aware that _____ (Name of Applicant)	
has submitted an application to the Construction Industry Licensing Board to qualify	
_____, as a second (Name of Business Entity To Be Qualified)	
business entity.	
Signature of Agent : _____ Date: _____	
NOTARIZATION	
The foregoing application was sworn to and subscribed before me this ____ Day of _____, 20 _____,	
by _____, Type or print name of applicant	_____ Signature of applicant
who is personally known to me or who has produced the following as identification.	
_____ Type of identification	
Signature of person taking acknowledgement Notary Seal (Rubber Stamp and Expiration)	

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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**

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**
**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

