

State of Florida
Department of Business and Professional Regulation
Electrical Contractors' Licensing Board
Application to Reinstate Null and Void Certification or Registration
Form # DBPR ECLB 10

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

APPLICATION REQUIREMENTS
<p>ALL Applicants must submit:</p> <p><input type="checkbox"/> Fees:</p> <ul style="list-style-type: none"> • \$501 • Make check payable to the Florida Department of Business and Professional Regulation. <p><input type="checkbox"/> Any documents you wish to provide to support your claim of hardship.</p> <p>Registered contractors must also submit:</p> <p><input type="checkbox"/> Copy of your current local competency card.</p> <ul style="list-style-type: none"> • Note – You may also submit a letter from a local building official testifying that you have met local competency standards and requirements for your specific trade, and you are waiting for reinstatement of your state registration. • Note- If your application is approved your license will be reinstated to inactive status.

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

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 Reinstatement of a Null and Void License

- a. This form is required if you are applying to reinstate a certified or registered electrical, alarm or electrical specialty contractor that is in null and void status.
- b. You are required to provide a statement explaining the illness or economic hardship.

2. Section I - Applicant Personal Information

- i. Fill out each section completely. A Social Security number is required to apply for any individual license within the Department of Business and Professional Regulation.
- ii. 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.
- iii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- iv. 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.
- v. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
- vi. Applicants must provide information on current or prior licenses held in Florida or any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.

3. Section II - Explanation

- Provide a detailed statement explaining illness or economic hardship.

4. Section III – Background Questions

vii. Question 1:

- (1) If you answer “yes” to this question, you must complete Section IV [*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 must supply documentation as proof of the disposition or showing sanctions were satisfied.

viii. Question 2:

- (1) If you answer “yes” to this question, you must complete Section V [*make additional copies as necessary*], 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.

ix. Question 3:

- (1) If you answer “yes” to this question 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. You must complete Section V [*make additional copies as necessary*].

x. Question 4:

- (1) If you answer “yes” to this question provide the full details explaining the situation 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. You must complete Section V [*make additional copies as necessary*].

xi. Question 5:

- (1) If you answer “yes” to this question provide the full details explaining the situation and provide copies of any relevant documentation. You must complete Section V [*make additional copies as necessary*].

xii. Question 6:

- (1) If you answer “yes” to this question provide the full details explaining the situation and provide copies of any relevant documentation. You must complete Section V [*make additional copies as necessary*].

5. Section IV- Affirmation by Written Declaration

- i. Please read and sign the affirmation by written declaration.
- ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

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[1038]

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For additional information see the Instructions at the end of this application.

Section I – Applicant Personal Information

LICENSEE INFORMATION				
License Number:		*Social Security Number:		
Last Name	First	Middle	Title	Suffix
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		
CURRENT/PRIOR LICENSE INFORMATION				
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):				
1. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
2. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
3. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
PRIOR NAME INFORMATION				
Have you used, been known as, or are currently known by another name (example - maiden name, 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

* 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 – Background Questions

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes (If yes, please complete Section IV)	<input type="checkbox"/> No	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, or are you currently under criminal investigation? 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.
2.	<input type="checkbox"/> Yes (If yes, please complete Section V)	<input type="checkbox"/> No	Have you ever filed for bankruptcy (voluntarily or involuntarily) or had any judgment or lien against yourself, a business you previously qualified, or the business you are applying to qualify? This question applies to any unpaid judgments or liens, including those for unpaid past-due bills by creditors, construction and non-construction issues, and tax liens.
3.	<input type="checkbox"/> Yes (If yes, please complete Section V)	<input type="checkbox"/> No	Have you ever had a license revoked, suspended, or otherwise sanctioned by any professional licensing board or agency, or have you ever been denied issuance of, or pursuant to disciplinary proceedings refused renewal of a license by any professional licensing board or agency in Florida or any other state?
4.	<input type="checkbox"/> Yes (If yes, please complete Section V)	<input type="checkbox"/> No	Have you ever been charged with acting as a contractor without a license?
5.	<input type="checkbox"/> Yes (If yes, please complete Section V)	<input type="checkbox"/> No	Have you undertaken construction contracts or work that a third party, such as a bonding or surety company, completed or made financial settlements for on your behalf?
6.	<input type="checkbox"/> Yes (If yes, please complete Section V)	<input type="checkbox"/> No	Have you ever made an assignment of assets in settlement of construction obligations for less than the debts outstanding?

If you answered "YES" to any question in 1 – 6 above, please refer to Instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section IV for your response to question 1, and complete Section V for your response to questions 2 through 6. If you have more than two offenses to document in Section IV or need additional sheets for Section V, attach additional pages as necessary.

Section IV – Explanations for “Yes” answers to Question 1 – Attach additional copies as necessary

EXPLANATION		
Name of person to whom this explanation relates:		
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

EXPLANATION		
Name of person to whom this explanation relates:		
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

Section V – Explanations for “Yes” answers to Questions 2-6 – Attach additional copies as necessary

EXPLANATION	
Name of person to whom this explanation relates:	This explanation relates to question # (check one): <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
State/Jurisdiction:	Application Type/License Number:

EXPLANATION	
Name of person to whom this explanation relates:	This explanation relates to question # (check one): <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
State/Jurisdiction:	Application Type/License Number:

Section VI – 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:	