

**State of Florida**  
**Department of Business and Professional Regulation**  
**Electrical Contractors' Licensing Board**  
**Application for Certification by Endorsement**  
**Form # DBPR ECLB 2**

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

**Certification by Endorsement**

In order to become a **licensed certified contractor** in the State of Florida by endorsement, an applicant must meet educational and/or experience requirements, show evidence of having passed an exam substantially similar\* to the State of Florida certification examination, show evidence of workers' compensation coverage and demonstrate financial responsibility.

\* Prior to Certification by Endorsement from any state or category not listed below, the Department's Bureau of Education and Testing must review and approve an *Examination Evaluation Questionnaire* completed by the testing authority for that home state. The Department will send the *Examination Evaluation Questionnaire* to the state where you took your examination after receipt of a completed application. This questionnaire will be used to establish endorsements between Florida and other states on a state-by-state and exam-by-exam basis. An applicant must have obtained his or her license through examination from the state of endorsement. It is the responsibility of the applicant to provide this home state's contact information and other documentation (including examination vendor information) so that the Board can determine whether the examination taken is *substantially equivalent* to the examination required by section 489.511(1), Florida Statutes. Please note - if your exam was given by Experior/Thompson Prometric we will not be able to make a comparison due to their confidentiality policies.

Individuals who hold licenses from states that are recognized for endorsement and have taken and passed that state's examination may be eligible for endorsement. For information on states or examinations other than those listed, contact the Department Of Business and Professional Regulation at 850-487-1395.

## **ELECTRICAL ENDORSEMENT DETERMINATIONS**

See the Endorsement List for all examinations the Board has reviewed and found to be substantially similar for the purpose of endorsement.

### **Endorsement List**

[http://www.myfloridalicense.com/dbpr/pro/elboard/documents/eclb\\_endorsement\\_matrix.pdf](http://www.myfloridalicense.com/dbpr/pro/elboard/documents/eclb_endorsement_matrix.pdf)

## APPLICATION REQUIREMENTS

### ALL License Applicants must submit:

- Fees:
  - If applying for Endorsement Inactive status- \$492.
  - If applying for Endorsement Active status- \$492.
  - Make check payable to the Florida Department of Business and Professional Regulation.
- W-2, 1099, Schedule C, or K-1 form(s) for each year of experience required for employment verification.
- At least three (3) letters verifying required experience from building officials, local licensing agencies and licensed contractors with whom you have been associated.
- Credit report on the applicant from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state, and federal levels. For a list of acceptable agencies visit [http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb\\_credit\\_reporting\\_agencies.pdf](http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_credit_reporting_agencies.pdf).
- School transcripts, if using education as part of experience requirement.
- Supporting legal documentation, if necessary. See Section 2(o-p) of Instructions.
- Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable.
- Copy of professional engineering license and transcripts if applying under qualification as professional engineer.

### ACTIVE License Applicants must also submit:

- If qualifying a business-**
  - Credit report on the business to be qualified from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state, and federal levels. For a list of acceptable agencies visit [http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb\\_credit\\_reporting\\_agencies.pdf](http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_credit_reporting_agencies.pdf).

**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 Certification

- a. Applicants must be at least 18 years of age, be of good moral character, meet the education/experience requirements, and pay all applicable fees.
- b. This form is required if you are applying to become a certified electrical, alarm or electrical specialty contractor based on having taken and passed an examination in another state that is substantially similar to the State of Florida Examination.

### 2. Application Instructions (by section)

#### a. Section I- Application Type

- i. Select the transaction you wish to conduct. An active license will allow you to perform work as an electrical/alarm or specialty contractor, an inactive license cannot be used for contracting.

#### b. Section II - 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.
  - vii. Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant's legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.
- c. Section III- Statement of Financial Condition**
- (1) Please indicate the type of business organization you are applying to qualify.
- d. Section IV– Liability Insurance and Workers' Compensation**
- i. Applicant must answer questions 1 and 2 in this section. Applicant is required to obtain required insurance as listed on the application and workers' compensation coverage. Information regarding workers compensation insurance and exemptions is available by contacting contact the Department of Financial Services, Division of Workers' Compensation. If applying for **Inactive Status** this section does not need to be completed.
- e. Section V– Business to be Qualified Information**
- i. Complete this section entirely.
  - ii. Provide the name of the business to be qualified as it is registered with the Florida Division of Corporations.
  - iii. The "Doing Business As" (D/B/A) name must be provided as it is registered with the Florida Division of Corporations, if the business uses a fictitious name to conduct business.
  - iv. Applicants must provide the Federal Employer Identification Number (FEID) for the business to be qualified. Please be aware that as an individual or sole proprietorship you may not be eligible for the workers' compensation exemption – please contact the Department of Financial Services, Division of Workers' Compensation and determine how you need to be licensed in order to qualify for the exemption.
  - v. Applicants must provide the business location address to be qualified.
- f. Section VI– Qualifier Information**
- i. If the applicant is a primary qualifier he/she is required to have financial and supervisory authority for the business. Without this authority an applicant will not be approved.
  - ii. Applicants must state whether the business to be qualified is already qualified by another contractor. If so, provide the qualifying contractor's name and license number in the spaces provided.
  - iii. If the applicant is a secondary qualifier he/she must have supervisory authority over all sites where their license is used to pull the permit. An applicant cannot apply to be a secondary qualifier unless there is a licensed electrical/alarm or electrical specialty contractor already designated as a primary qualifier for the business.
  - iv. Secondary qualifiers will automatically become primary qualifiers if the primary qualifier ceases qualifying the business and a new primary qualifier is not designated within 60 days.
- g. Section VII– Qualification for Licensure**
- i. Indicate which qualification you are applying under. In order to qualify for licensure you must meet one of the following experience requirements. The applicant will have to provide documentation to prove experience.
    - (1) Must have three (3) years of management experience in the trade of electrical/alarm/specialty contracting within the last six (6) years immediately preceding the filing of the application; or
    - (2) Must have four (4) years of experience as a foreman, supervisor or contractor in the trade within the last eight (8) years immediately preceding the filing of the application; or
    - (3) Must have six (6) years of comprehensive training, technical education or supervisory experience associated with an electrical or alarm contracting business within the last 12 years immediately preceding the filing of the application; or must have at least six (6) years technical experience in electrical or alarm system work with the Armed Forces or a governmental entity within the last 12 years immediately preceding the filing of the application; or have a combination of these qualifications totaling six (6) years of experience.

- (4) Must be licensed as an electrical professional engineer for three (3) years within the last 12 years. Provide a copy of current electrical professional engineer license and transcripts showing electrical and engineering course work.
  - (5) Must have a combination of experience listed in 1-3 above totaling 6 years within the last 12 years.
- ii. In addition, if you are applying for the following categories these specific experience requirements will apply:
- EC – Certified Electrical Contractor** - The required experience **must** include at least 40% of work that is in 3-phase services.
- EF – Certified Alarm System Contractor I (All Alarm Systems)** - The required experience **must** include at least 40% of work that is in fire alarm systems.
- EG – Certified Alarm System Contractor II (Excluding Fire)** - The required experience **must** include at least 40% of work that is in alarm systems other than fire alarm systems.

#### **h. Section VIII– PART A: Employment Verification Job List**

- i. This section is to be completed by an applicant whose experience has been gained through self-employment, under a licensed contractor outside of the state of Florida or if you are unable to get your Florida Licensed Employer to verify your experience. Applicant must provide details of 5 jobs/projects per year for each year of experience he/she is applying under. If there are less than 5 jobs for a given year provide an explanation of this on that year's job list.
- ii. Job lists should list as much detail of the work performed as possible. Applicant should focus on jobs that include the required type of experience such as 3 phase electrical systems, commercial fire alarms or alarms other than fire as required for the category being applied for.
- iii. Job lists should be in chronological order, duplicate pages as needed. Please limit each page to 1 year.
- iv. Note: 40 percent of experience in a required area is considered to be 40 percent of full time employment for each year of experience the applicant is applying under.
  - (1) 40 percent of 3 years of full time experience is approximately 15 months on 3 phase electrical systems, commercial fire alarm or alarm systems other than fire.
  - (2) 40 percent of 4 years of full time experience is approximately 20 months on 3 phase electrical systems, commercial fire alarm or alarm systems other than fire.
  - (3) 40 percent of 6 years of full time experience is approximately 29 months on 3 phase electrical systems, commercial fire alarm or alarm systems other than fire.
- v. On the job lists indicate the name of the licensed contractor you were employed by while working on that job, dates the job began and ended, location of job, specific details of the work performed and mark 3 phase, commercial fire alarm or alarm systems other than fire if applicable.

#### **i. Section VIII– PART B: Employment Verification**

- i. This section is to be completed by the applicant's employer.
- ii. Applicants are required to submit copies of W2's to verify employment with the qualified business.
- iii. If the applicant was employed by a Florida licensed electrical/alarm or electrical specialty contractor complete section VIII B for all of their required experience, they are not required to complete the job lists in section VIII A.
- iv. Note to verifiers – as a licensed electrical/alarm or electrical specialty contractor you are providing verification of the applicant's experience and may be subject to discipline for providing any false or misleading information to the Department under 489.531(1)(f), F.S.
- v. Note: 40 percent of experience in a required area is considered to be 40 percent of full time employment for each year of experience the applicant is applying under.
  - (1) 40 percent of 3 years of full time experience is approximately 15 months on 3 phase electrical systems, commercial fire alarm or alarm systems other than fire.
  - (2) 40 percent of 4 years of full time experience is approximately 20 months on 3 phase electrical systems, commercial fire alarm or alarm systems other than fire.

- (3) 40 percent of 6 years of full time experience is approximately 29 months on 3 phase electrical systems, commercial fire alarm or alarm systems other than fire.

**\*\*\*NOTE: If you were self employed you should submit 3 letters from contractors, building officials or local licensing/inspection authorities who can verify your experience in the trade.**

**j. Section IX– Verification of Licensure in Good Standing**

- i. This page should be sent to the State Licensing Agency where you are licensed for completion and should be submitted with your application.

**k. Section X– License and Examination Information**

- i. Please provide the requested information for the state where you were licensed by examination if your state and license type are not listed on page 1 as recognized for endorsement.

**l. Section XI– Business Financial Statement**

- i. The business financial statement must be prepared within twelve (12) months preceding filing of this application and must show a total net worth of:
- (1) \$10,000 for Certified Electrical, Certified Alarm I and Certified Alarm II Contractors
  - (2) \$5,000 for Certified Specialty Contractors
- ii. All vehicles and real property listed as assets of the business must be titled to the business to be considered assets of the business. **DO NOT** include personal vehicles and property as assets of the business.
- iii. Applicant should list all of the business' assets and liabilities on the form.
- iv. Total value of assets listed should be listed in Box 12.
- v. Total value of liabilities listed should be listed in Box 19.
- vi. To determine net worth (Box 12 - Box 19 = Net Worth).
- vii. List net worth in Box 20. The business' net worth should be at least \$10,000 for Certified Electrical, Certified Alarm I and Certified Alarm II Contractors or \$5,000 for Certified Specialty Contractors. A business net worth that does not meet minimum requirements is considered grounds for denial.

**m. Section XII– Background Questions**

- i. The applicant and the authorized representative(s), as specified in the section, must submit answers to each of the background questions.
- ii. For each "Yes" answer the person must provide an explanation in Section XIII or XIV, as applicable.
- iii. The number of "Yes" boxes checked must equal the number of explanation boxes completed.
- iv. If you answered "YES" to any question, please provide full explanations as required below. If you have more than two offenses to document in Section XIII or more than two in Section XIV, attach additional copies as necessary.

**n. Section XIII – Explanations for "Yes" answers to Question 1**

- i. For this section, provide as much detail as possible.
- ii. Each explanation can only relate to one person and one question.
- iii. Question 1:
- (1) If you answer "yes" to this question, you must complete Section XIV [*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.

**o. Section XIV – Explanations for "Yes" answers to Questions 2-6**

- i. Question 2:
- (1) If you answer "yes" to this question, you must complete Section XIV [*make additional copies as necessary*] of the application and you must also supply documentation proving the bankruptcy has been discharged or the judgment or lien has been satisfied, or if not, stating the current status of the bankruptcy, judgment or lien.
- ii. 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.

- iii. 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.
- iv. Question 5:
  - (1) If you answer “yes” to this question provide the full details explaining the situation and provide copies of any relevant documentation.
- v. Question 6:
  - (1) If you answer “yes” to this question provide the full details explaining the situation and provide copies of any relevant documentation.

**p. Section XV- 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.

**3. Additional supporting documentation Required**

- i. **W-2 FORMS:** Copies of W-2 forms must be provided for each year of experience as listed on the applicant job list. If you are self employed you can provide 1099's, Schedule C or K-1 forms from your tax returns in lieu of W-2 forms.
  - (1) If your W2's do not have your employer listed on them because they used a payroll or employee leasing company, please indicate that information on the forms.
- ii. **APPLICANT CREDIT REPORT:** A credit report on the qualifying agent from any recognized credit bureau that includes, but is not limited to, liens, judgments, suits, and bankruptcy obtained from county, state and federal records. The credit report must be dated within twelve (12) months of filing this application and must include the following statement: **“PUBLIC RECORDS HAVE BEEN SEARCHED AT THE COUNTY, STATE AND FEDERAL LEVELS.”** Go to [http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb\\_credit\\_reporting\\_agencies.pdf](http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_credit_reporting_agencies.pdf) for a list of acceptable agencies.
  - (1) If there are negative items on the credit report such as open collections, past due accounts, foreclosures or bankruptcy please provide a written explanation, current status and documentation pertaining to any negative items.
- iii. **BUSINESS CREDIT REPORT:** A credit report on the business to be qualified from any recognized credit bureau that includes, but is not limited to, liens, judgments, suits, and bankruptcy obtained from county, state and federal records. The credit report must be dated within twelve (12) months of filing this application and must include the following statement: **“PUBLIC RECORDS HAVE BEEN SEARCHED AT THE COUNTY, STATE AND FEDERAL LEVELS”.** Go to [http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb\\_credit\\_reporting\\_agencies.pdf](http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_credit_reporting_agencies.pdf) for a list of acceptable agencies.
  - (1) If there are negative items on the credit report such as open collections, past due accounts, foreclosures or bankruptcy please provide a written explanation, current status and documentation pertaining to any negative items.
- iv. **Optional:** Please provide copies of any training, education or certification documents, if you have training or education you would like considered.

**4. Common Reasons for Denial**

Your application could be denied for many reasons even if you have passed the examination. Here are some of the more common reasons for denial:

- a. **Failure to demonstrate the required experience** – your W2's, job lists or employment verification forms may not support that you have the experience required by statute. This may occur if:
  - i. You are applying based on supervisory experience but your salary and job duties are not consistent with someone with supervisory responsibilities in this industry.

- ii. Your work experience is not in the “trade” of electrical contracting, experience as an electrician or supervising electrician for a facility is not considered by the Board to be electrical contracting experience. An applicant must have worked for an electrical contractor if they are applying based on experience in the “trade”.
  - iii. Your job lists do not show enough specific experience in the category you are applying for; such as 40% experience in 3 phase electrical work for Unlimited Electrical, fire alarms for Alarm I or burglar alarms for Alarm II. Be sure to concentrate your job lists on jobs that meet those requirements.
- b. Failure to demonstrate financial responsibility** – this could be a basis for denial based on your personal financial statement or personal credit report. This may occur if:
- i. Your personal financial statement shows a negative net worth.
  - ii. Your personal credit report shows delinquent accounts, collection accounts, unpaid liens or judgments.
- c. Criminal history that relates to the practice of electrical contracting** - If you have criminal history you must disclose it in your application – it will be up to the Board to determine if it relates to the practice of electrical contracting and if it is sufficient grounds to deny your application.
- d. The Examination you took in your licensing state is not substantially similar to the state of Florida examination** - The state requires the examination you took to become licensed be substantially similar to the Florida examination given at that same time. This is a very high standard and requires the references, topics covered and number of questions all be similar to the Florida examination.
- If your state and license category are not listed on the Endorsement List at [http://www.myfloridalicense.com/dbpr/pro/elboard/documents/eclb\\_endorsement\\_matrix.pdf](http://www.myfloridalicense.com/dbpr/pro/elboard/documents/eclb_endorsement_matrix.pdf) as recognized for endorsement it is possible your application will be denied after your state’s examination is evaluated. Since the evaluation is a lengthy process you may want to consider taking the Florida examination to expedite licensure.

**State of Florida**  
**Department of Business and Professional Regulation**  
**Electrical Contractors' Licensing Board**  
**Application for Certification by Endorsement**  
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If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.

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

**Section I – Application Type**

CHECK TRANSACTION REQUESTED	
<input type="checkbox"/> Initial Certification by Endorsement (Active) - \$492.00 fee required [1023]	
<input type="checkbox"/> Initial Certification by Endorsement (Inactive) - \$492.00 fee required [1023]	
CHECK LICENSE CATEGORY	
<input type="checkbox"/> Unlimited Electrical Contractor [0801]	<input type="checkbox"/> Utility Line Contractor [0804]
<input type="checkbox"/> Alarm System Contractor I [0802]	<input type="checkbox"/> Limited Energy Contractor [0804]
<input type="checkbox"/> Alarm System Contractor II [0803]	<input type="checkbox"/> Sign Specialty Contractor [0804]
<input type="checkbox"/> Residential Electrical Contractor [0804]	<input type="checkbox"/> Lighting Maintenance Contractor [0804]
	<input type="checkbox"/> Two Way Radio Communications Enhancement Systems Specialty [0804]

**Section II – Applicant Personal Information**

PERSONAL INFORMATION				
Social Security Number*				
FULL LEGAL NAME				
Last Name	First	Middle	Title	Suffix
Birth Date (MM/DD/YYYY) / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
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		
ADDITIONAL CONTACT INFORMATION (OPTIONAL)				
Alternate Phone Number		Fax Number		
Alternate E-Mail Address				
PRIOR NAME INFORMATION				
Have you used, been known as, or are currently known by another name (example - maiden name, 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

\* 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 II – Applicant Personal Information – continued**

<b>CURRENT/PRIOR LICENSE INFORMATION</b>			
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	

**Section III– Statement of Financial Condition**

<b>STATEMENT OF FINANCIAL CONDITION</b>
<p><b>Are you applying to do business as an individual or sole proprietorship?</b> If so, please be aware as an individual or sole proprietorship you may not be eligible for the workers' compensation exemption – please contact the Department of Financial Services, Division of Workers' Compensation and determine how you need to be licensed in order to qualify for the exemption.</p> <p>Please indicate the type of business organization you are applying to qualify.</p> <p><input type="checkbox"/> Individual   <input type="checkbox"/> Sole Proprietorship   <input type="checkbox"/> Corporation   <input type="checkbox"/> Partnership   <input type="checkbox"/> LLC   <input type="checkbox"/> Other</p>

**Section IV– Liability Insurance and Workers' Compensation**

<b>LIABILITY INSURANCE AND WORKERS' COMPENSATION</b>
<p><b>Minimum amounts required for Liability insurance;</b> Public Liability- \$100,000/per person, \$300,000/per occurrence; and Property Damage- \$500,000.</p> <p><b>OR</b></p> <p>Minimum combined single limit policy of \$800,000.</p> <p>1. Have you or will you obtain, prior to contracting, public liability and property damage insurance in the amounts determined by Rule 61G6-5.008, Florida Administrative Code, as specified above? <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>2. Have you or will you obtain, prior to contracting, workers' compensation or an appropriate exemption as provided in Section 440.05, Florida Statutes, and if not, do you attest that you will obtain an exemption within 30 days after your license is issued? <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>

**Section V – Business to be Qualified Information**

<b>BUSINESS TO BE QUALIFIED</b>		
<b>Note:</b> Do not complete this section if you are applying for licensure as an Individual. You will, however, be required to complete this form if you are applying for licensure as a Sole Proprietor. See Section 2(e) of instructions.		
Business Name:		
Doing Business As (D/B/A):		Federal Employer ID Number (FEID):
Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (please specify): _____		
BUSINESS CONTACT INFORMATION (IF DIFFERENT THAN APPLICANT INFORMATION)		
Contact Name:		
Phone Number of Contact	E-Mail Address of Contact	
BUSINESS LOCATION ADDRESS		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	

**Section VI – Qualifier Information**

<b>QUALIFIER INFORMATION (NOT REQUIRED FOR THOSE APPLYING TO DO BUSINESS AS AN INDIVIDUAL)</b>	
(Please answer below according to your classification for the new business entity)	
<input type="checkbox"/> <b>I am requesting designation as Primary Qualifier:</b> <b>Pursuant to Chapter 489.522(1)(a), F.S.:</b>	
I have the authority for approving checks, payments, drafts and contracts on behalf of the business organization.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am responsible for supervision of all operations of the business organization; including, all field work at all sites and financial matters (both in general and for each specific job).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>I am requesting designation as Secondary Qualifier:</b> <b>Pursuant to Chapter 489.522(2)(b), F.S.:</b>	
I will be legally qualified to act for this business as supervisor of all sites where permitting was obtained with my license and any other work for which I accept responsibility.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If requesting designation as a Secondary Qualifier or an Additional Primary Qualifier list the Primary Qualifier below.</b>	
Primary Qualifier Name:	
Primary Qualifier's License Number:	
<b>Note: If you are applying as secondary qualifier or additional primary qualifier – you are not required to submit the following items:</b> Business financial statement; or Business credit report.	

## Section VII– Qualification for Licensure

<b>QUALIFICATION FOR LICENSURE</b>	
A person shall be eligible for licensure by meeting one of the following requirements. (Check one)	
<input type="checkbox"/>	Has, within the six (6) years immediately preceding the filing of the application, at least three (3) years proven “management experience” in the trade or education equivalent thereto, or a combination thereof, but not more than one-half of such experience may be educational equivalent. <b>489.511(1)(b)3.a., F.S.</b>
<input type="checkbox"/>	Has, within the eight (8) years immediately preceding the filing of the application, at least four (4) years experience as a supervisor or contractor in the trade for which he or she is making application. <b>489.511(1)(b)3.b., F.S.</b>
<input type="checkbox"/>	Has, within the twelve (12) years immediately preceding the filing of the application, at least six (6) years of comprehensive training, technical education, or supervisory experience associated with an electrical or alarm system contracting business. <b>489.511(1)(b)3.c., F.S.</b>
<input type="checkbox"/>	Has, within the twelve (12) years immediately preceding the filing of the application, at least six (6) years of technical experience in electrical or alarm system work with the Armed Forces or a governmental entity. <b>489.511(1)(b)3.c., F.S.</b>
<input type="checkbox"/>	Has, within the twelve (12) years immediately preceding the filing of the application, been licensed for three (3) years as a professional engineer who is qualified by education, training, or experience to practice electrical engineering. <b>489.511(1)(b)3.d., F.S.</b>
<input type="checkbox"/>	Has any combination of qualifications under sub-subparagraphs 1-3 totaling six (6) years of experience, within the last twelve (12) years. <b>489.511(1)(b)3.e., F.S.</b>

Section VIII – PART A: Employment Verification Job List

<b>JOB LIST (DUPLICATE AS NECESSARY)</b>			
<b>For the purposes of this page the term “Job” refers to specific projects/jobsites not employers.</b>			
This section is to be completed by an applicant whose experience has been gained through self-employment or under a licensed contractor outside of the state of Florida.			
<b>Instructions:</b>			
List your project history in chronological order for the years of experience required for qualification with dates that concur with documented employment.			
You must also submit at least three (3) letters verifying required experience from building officials, local licensing agencies and licensed contractors with whom you have been associated.			
<b>NOTE:</b> Include copies of W-2, 1099, Schedule C, or K-1 form(s) for employment verification. These documents must be attached to this form to verify time(s) of employment.			
<b>If you are applying for Electrical Contractor – your total years experience must include <u>40% 3-phase experience</u>. If you are applying for Alarm System Contractor I – your total years experience must include <u>40% fire alarm experience</u>. If you are applying for Alarm Systems Contractor II – your total years experience must include <u>40% work in alarm systems other than fire</u>.</b>			
1. Electrical/Alarm Contractor's Name and License Number:		Date (From) / /	Date (To) / /
Job Location Address:			
Job Description:			
Experience area covered by project:	<input type="checkbox"/> 3-phase	<input type="checkbox"/> commercial fire alarm	<input type="checkbox"/> alarm systems other than fire
2. Electrical/Alarm Contractor's Name and License Number:		Date (From) / /	Date (To) / /
Job Location Address:			
Job Description:			
Experience area covered by project:	<input type="checkbox"/> 3-phase	<input type="checkbox"/> commercial fire alarm	<input type="checkbox"/> alarm systems other than fire
3. Electrical/Alarm Contractor's Name and License Number:		Date (From) / /	Date (To) / /
Job Location Address:			
Job Description:			
Experience area covered by project:	<input type="checkbox"/> 3-phase	<input type="checkbox"/> commercial fire alarm	<input type="checkbox"/> alarm systems other than fire

**Section VIII – PART A: Employment Verification Job List - continued**

4. Electrical/Alarm Contractor's Name and License Number:		Date (From) / /	Date (To) / /
Job Location Address:			
Job Description:			
Experience area covered by project:	<input type="checkbox"/> 3-phase	<input type="checkbox"/> commercial fire alarm	<input type="checkbox"/> alarm systems other than fire
5. Electrical/Alarm Contractor's Name and License Number:		Date (From) / /	Date (To) / /
Job Location Address:			
Job Description:			
Experience area covered by project:	<input type="checkbox"/> 3-phase	<input type="checkbox"/> commercial fire alarm	<input type="checkbox"/> alarm systems other than fire

**Section VIII– PART B: Employment Verification**

**EMPLOYMENT VERIFICATION**

This section is to be completed by the applicant’s employer(s). Applicants must also complete Section VIII Part A: Employment Verification Job List

If you are self-employed, please complete Section VIII Part A: Employment Verification Job List and submit 3 letters verifying your experience.

**Instructions:**

Provide employment verification for the years of experience required for qualification for licensure. Attach additional copies of this page as necessary.

**NOTE:** Include copies of W-2, Schedule C, or K-1 form(s) for employment verification. These documents must be attached to this form to verify time(s) of employment.

Applicant Name: \_\_\_\_\_

Employing Agency/Company Name: \_\_\_\_\_

Agency/Company Address: \_\_\_\_\_

Dates of employment by Agency/Company	Date (From) / /	Date (To) / /
---------------------------------------	--------------------	------------------

Agency/Company Phone Number: \_\_\_\_\_

Position of Applicant: \_\_\_\_\_

Describe in detail the applicant’s duties, including any hands-on, supervisory or management responsibilities:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Mark Yes or No for each category listed and the number of months**

I attest that the applicant named above has been employed by the business I qualify in a

Supervisory Position <input type="checkbox"/> Yes <input type="checkbox"/> No for _____ months	Managerial Position <input type="checkbox"/> Yes <input type="checkbox"/> No for _____ months	Trade Position <input type="checkbox"/> Yes <input type="checkbox"/> No for _____ months
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Print name of Individual Verifying Employment & Experience: \_\_\_\_\_

Position/Title of Individual Verifying Employment & Experience: \_\_\_\_\_

Signature of Individual Verifying Employment & Experience: \_\_\_\_\_

Date: \_\_\_\_\_

**Section IX –Verification of Licensure in Good Standing**

<b>Verification of Licensure in Good Standing (To be completed by State Licensing Agency)</b>	
Name of License Holder as it appears on License	
Business Name as it appears on License	
Date License Issued	License Number
Current Status of License	Expiration Date of License
Classification of License Held	
<b>Method of Licensure</b>	
Licensed by Examination: <input type="checkbox"/> Yes <input type="checkbox"/> No	Examination Category:
Type of Exam Taken (e.g. In House, NAI, Block):	Examination Date and Score:
Reciprocity/Endorsement from What State:	Other Method (Please Explain):
Has the License Holder Ever Had Any Disciplinary Action Taken Against His/Her License? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the following information:	
Date of Discipline: _____ Sanctions Imposed: _____	
Has Licensee Complied with Sanctions? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please Explain)	
Name of Verifying Individual	Title
Signature	Agency
Seal	Address:
	City, State, Zip:
	Telephone:

Instructions to verifying State: **Please return the original document to the licensee for inclusion in their application package.**

**Section X – License and Examination Information****LICENSE AND EXAMINATION INFORMATION**

State of Licensure by Examination: \_\_\_\_\_

License Number: \_\_\_\_\_ License Category: \_\_\_\_\_

Below please provide contact information for above State's Examination Office (This is required if your State and License are not listed on page 1 of this package).

Name (Individual Contact and Agency): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (if available): \_\_\_\_\_

Examination Vendor (if applicable): \_\_\_\_\_

**Note: Licensure by endorsement for states and licenses that are not listed on page 1 requires extensive review and may take several months. The requirement for the examination taken to be substantially similar to the Florida examination is a very high threshold and many exams are not accepted. Please consider applying for licensure by examination.**



**Section XI – Business Financial Statement**

<b>BUSINESS FINANCIAL STATEMENT</b>			
<b>Note:</b> If you are applying for licensure as an Individual complete this as a personal financial statement. See Section 2(m) of instructions.			
Statement of Financial Condition of : _____ (Name of Business Being Qualified)			
Date of Financial Statement:		FEID Number:	
ASSETS (omit cents)		LIABILITIES (omit cents)	
1. Cash in Bank	\$	13. Accounts Payable	\$
2. Accounts and Notes Receivable	\$	14. Notes Payable to Banks and others (i.e., vehicles/equipment, etc...)	\$
3. Inventory, (i.e. Supplies)	\$	15. Mortgages and Bonds Payable	\$
4. US Government Securities	\$	16. Unpaid Taxes	\$
5. Other Current Assets, i.e. vehicles (itemize)	\$	17. Wages & Interest	\$
	\$	18. 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. Stocks & Bonds	\$		\$
11. Other Assets (itemize)	\$		\$
	\$		\$
<b>12. Total Assets</b> (add items 1 thru 11 above)	\$	<b>19. Total Liabilities</b> (add items 13 thru 18 above)	\$
		<b>20. Net Worth</b> \$ (subtract item 19 from item 12)	

**Business Net Worth Requirements:****\$10,000 for Certified Electrical, Certified Alarm I and Certified Alarm II Contractors****\$5,000 for Certified Specialty Contractors**

**NOTE: All vehicles and real property listed as assets of the business must be titled to the business to be considered assets of the business. Please DO NOT include personal vehicles and property as assets of the business.**

## Section XII– Background Questions

BACKGROUND QUESTIONS							
Instructions:							
The Applicant and Authorized Representative(s) of the business must answer the background questions in this section.							
Authorized Representative(s) of the business are any of the following:							
<ul style="list-style-type: none"> <li>All officers and directors (if qualified business is a corporation or any other business entity with officers and directors)</li> <li>All members and managers (if qualified business is a LLC)</li> <li>All partners (If qualified business is a partnership)</li> <li>All members (if qualified business is a business entity other than those described above)</li> </ul>							
<b>NOTE:</b> Accuracy of Authorized Representative(s) of the business may be checked on the Florida Division of Corporations website <a href="http://www.sunbiz.org">www.sunbiz.org</a> .							
If YES to question 1, please complete Section XIII.							
If YES to questions 2 through 6, please complete Section XIV.							
1. 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. 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. <b>Explanations for this answer must be completed in Section XIV. Use your credit report as a guide when answering this question.</b>							
3. 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. Have you ever been charged with acting as a contractor without a license?							
5. 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. Have you ever made an assignment of assets in settlement of construction obligations for less than the debts outstanding?							
Person #	Indicate each response by checking "Yes" or "No"	Question Number					
		1	2	3	4	5	6
1	Applicant – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section XII – Background Questions– continued**

Person #	Indicate each response by checking “Yes” or “No”	Question Number					
		1	2	3	4	5	6
5	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered “YES” to any question in questions 1 – 6 above, please refer to Sections 2(n-o) of Instructions for detailed instructions on providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section XIII for your response to question 1, and complete Section XIV for your response to questions 2 through 6. If you have more than two offenses to document in Section XIII or need additional sheets for Section XIV, attach additional pages as necessary.

**Section XIII – 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 XV– Affirmation by Written Declaration**

<b>AFFIRMATION BY WRITTEN DECLARATION</b>	
<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. <b>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.</b></p>	
Signature:	Date:
Print Name:	



<b>Make sure you submit the following items with your application:</b>
<ul style="list-style-type: none"> <li>• Personal Credit Report from a nationally recognized credit reporting agency</li> <li>• Business Credit Report from a nationally recognized credit reporting agency</li> <li>• Itemization of machinery, fixtures &amp; equipment and other assets listed on business and personal financial statements.</li> </ul>
<b>Application Tip:</b>
<p>When completing the financial questions on your application, use your credit reports as a guide. Make sure to provide explanations of all negative items such as collections, liens, judgments and foreclosures in Section XIV. Copy this page as necessary. Also, provide documentation showing release of liens, discharge of bankruptcy and satisfaction of judgments. Processors will be using your credit report as a guide to your answers regarding financial questions.</p>

## VOLUNTARY CRIMINAL HISTORY INFORMATION:

Beginning October 1<sup>st</sup>, 2019, new provisions went into effect which require the board to collect additional information regarding an applicant's background. Section 455.213, Florida Statutes, requires the board to identify the date of conviction, finding of guilt, plea, or adjudication entered, or date of sentencing, for each crime reported.

**PLEASE NOTE:** You are NOT required to answer the questions below. Your application WILL NOT be considered insufficient for failing to answer these questions.

The questions below only pertain to the background of the APPLICANT. The questions below DO NOT pertain to the background of any authorized representatives listed in the application.

If you have more offenses to document, you may attach additional pages as necessary.

EXPLANATION
Name of person to whom this explanation relates:
Offense:
Was the penalty/disposition a result of a plea or a trial? <input type="checkbox"/> Plea <input type="checkbox"/> Trial
Was adjudication withheld? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Conviction, Finding of Guilt, or Plea:
Date of Sentencing:

EXPLANATION
Name of person to whom this explanation relates:
Offense:
Was the penalty/disposition a result of a plea or a trial? <input type="checkbox"/> Plea <input type="checkbox"/> Trial
Was adjudication withheld? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Conviction, Finding of Guilt, or Plea:
Date of Sentencing: