

**State of Florida**  
**Department of Business and Professional Regulation**  
**Electrical Contractors' Licensing Board**  
**Certified Contractor Application for Transfer, Additional Business, or Reactivation**  
**Form # DBPR ECLB 4**

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

| APPLICATION REQUIREMENTS  |
|---|
| <p><b>ALL License Applicants must submit:</b></p> <p><input type="checkbox"/> Fees:</p> <ul style="list-style-type: none"> <li>• Transfer to New Business- \$146.</li> <li>• Qualify Additional Business- \$542.</li> <li>• Reactivate Inactive License- \$291.</li> <li>• Make check payable to the Florida Department of Business and Professional Regulation.</li> </ul> <p><input type="checkbox"/> 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 <a href="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</a>.</p> <p><input type="checkbox"/> Supporting legal documentation, if necessary. See Item 2(i-j) of Instructions.</p> <p><input type="checkbox"/> Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable.</p> <p><b>Reactivation of Inactive Certified License Applicants must also submit:</b></p> <p><input type="checkbox"/> Proof of completion of the hours of continuing education required at the time of the last renewal for your profession. See Item 2(m) (iii) of instructions.</p> <p><b>Applicants applying to do business as an Individual must submit:</b></p> <p><input type="checkbox"/> 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 <a href="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</a>.</p> |

**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. This form is required if you are applying to transfer your license to a new business, qualify an additional business or reactivate an inactive license.

### 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**
- i. Please indicate the type of business organization you are applying to qualify.
- d. Section IV– Business Entity Transfer**
- i. Complete this section only if you are transferring your license to a new business. Completion of this section will end your status as qualifier of your current business.
- 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. If this application is to qualify an additional business please indicate the % of ownership you have in the business or businesses you already qualify and in the business you are requesting to qualify.
  - vi. Applicants must provide the business location address of the business 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 permit the work performed. 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– 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. Information regarding workers compensation insurance and exemptions is available by contacting contact the Department of Financial Services, Division of Workers’ Compensation.
- h. Section VIII– 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 IX or X, 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 IX or more than two in Section X attach additional copies as necessary.

**i. Section IX – 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 IX [*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.

**j. Section X – Explanations for “Yes” answers to Questions 2-6**

- i. Question 2:
  - If you answer “yes” to this question, you must complete Section X [*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:
  - If you answer “yes” to this question provide the full details in Section X 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:
  - If you answer “yes” to this question provide the full in Section X 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:
  - If you answer “yes” to this question provide the full details in Section X explaining the situation and provide copies of any relevant documentation.
- v. Question 6:
  - If you answer “yes” to this question provide the full details in Section X explaining the situation and provide copies of any relevant documentation.

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

- i. The business financial statement must be prepared within twelve (12) months of filing 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.
- viii. If you are applying as an individual provide a personal financial statement that has been prepared within twelve (12) months of filing this application. The statement must show a total net worth of at least \$10,000 for Certified Electrical, Certified Alarm I and Certified Alarm II Contractors or \$5,000 for Certified Specialty Contractors. State “Individual” for “The Statement of Financial Condition of: \_\_\_\_\_”.

## I. Section XII- Affirmation by Written Declaration

- The applicant must sign the affirmation by written declaration.

### m. Additional Supporting Documentation Required

- i. **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/electrical-contractors/> for a list of acceptable agencies.
- ii. If you are applying to qualify as an individual you will need to provide a personal credit report. The credit report must be 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”**.
  - (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. Effective July 1, 2012, in order to reactivate an inactive license, you will need to complete the continuing education requirements in place at the time of the last renewal for your profession.

**Certified Electrical Contractors must complete 11 hours** of continuing education in the following areas:

- 7 hours technical to include:
  - 1 hour advanced module course on the Florida Building Code
  - 2 hours on false alarm prevention for electrical contractors engaged in alarm system contracting
- 1 hour workers' compensation
- 1 hour workplace safety
- 1 hour business practices
- 1 hour Florida laws and rules education

**Certified Alarm and Specialty Contractors must complete 7 hours** of continuing education in the following areas:

- 1 hour advanced module course on the Florida Building Code
- 1 hour workers' compensation
- 1 hour workplace safety
- 1 hour business practices
- 1 hour of Florida laws and rules education
- 2 hours on false alarm prevention for alarm contractors

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

**Section I – Application Type**

| CHECK TRANSACTION REQUESTED |  |
|-----------------------------|--|
| <input type="checkbox"/>    | Transfer License to a New Business Entity - \$146 fee [3021]   |
| <input type="checkbox"/>    | Qualify Additional Business Entity- \$542 fee [1024] (*Note: Applicants will be required to attend the Board Meeting when their additional business application is reviewed, you will receive a letter with the date, time and location of the meeting.) |
| <input type="checkbox"/>    | Reactivation of Inactive License- \$291 fee [3020]   |
| CHECK LICENSE CATEGORY      |  |
| <input type="checkbox"/>    | Unlimited Electrical Contractor [0801]   |
| <input type="checkbox"/>    | Alarm System Contractor I [0802]   |
| <input type="checkbox"/>    | Alarm System Contractor II [0803]  |
| <input type="checkbox"/>    | Residential Electrical Contractor [0804]   |
| <input type="checkbox"/>    | Utility Line Contractor [0804]   |
| <input type="checkbox"/>    | Limited Energy Contractor [0804]   |
| <input type="checkbox"/>    | Sign Specialty 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*        | License Number:   |                        |       |        |
| FULL LEGAL NAME                |   |                        |       |        |
| Last Name                      | First   | Middle                 | Title | Suffix |
| Birth Date (MM/DD/YYYY)<br>/ / | Gender<br><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  |                        |       |        |

\* 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**

| ADDITIONAL CONTACT INFORMATION (OPTIONAL)   |       |                    |                  |
|---|-------|--------------------|------------------|
| Alternate Phone Number  |       | Fax Number         |                  |
| Alternate 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)<br>/ / | Date (To)<br>/ / |
| License Number  |       | Name Used          |                  |
| 2. License/Registration Type  | State | Date (From)<br>/ / | Date (To)<br>/ / |
| License Number  |       | Name Used          |                  |
| 3. License/Registration Type  | State | Date (From)<br>/ / | Date (To)<br>/ / |
| 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 |

**Section III– Statement of Financial Condition**

| STATEMENT OF FINANCIAL CONDITION   |
|--|
| <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– Business Entity Transfer**

| <b>BUSINESS ENTITY TRANSFER</b>   |  |
|---|--|
| <b>The Business Entity Transfer is required ONLY to transfer a certified license from one business entity to another.</b> |  |
| <b>Current License Number:</b>  | <b>Circle One:</b> <b>EC</b> <b>EF</b> <b>EG</b> <b>ES</b> |
| <b>Name of Business No Longer Qualified:</b>  |  |

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

| <b>BUSINESS TO BE QUALIFIED</b>  |                           |                                    |
|--|---------------------------|------------------------------------|
| 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<br><input type="checkbox"/> Other (please specify): _____ |                           |                                    |
| <b>Is this an Additional Business Qualification?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |                           |                                    |
| If "Yes", provide the following information:   |                           |                                    |
| Percentage of ownership you have in the present business you qualify: _____%   |                           |                                    |
| Percentage of ownership you have in the business you are attempting to qualify: _____%   |                           |                                    |
| <b>BUSINESS LOCATION ADDRESS</b>   |                           |                                    |
| Street Address or P.O. Box   |                           |                                    |
| City   | State                     | Zip Code                           |
| County (if Florida address)  | Country                   |                                    |
| <b>BUSINESS CONTACT INFORMATION (IF DIFFERENT THAN APPLICANT INFORMATION)</b>  |                           |                                    |
| Contact Name:  |                           |                                    |
| Phone Number of Contact  | E-Mail Address of Contact |                                    |

**Section VI – Qualifier Information**

| <b>QUALIFIER INFORMATION<br/>(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><br><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><br><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. This includes 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:  |  |

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

| <b>LIABILITY INSURANCE AND WORKERS' COMPENSATION</b>  |  |
|---|--|
| <b>Minimum amounts required for Liability insurance;</b><br>Public Liability- \$100,000/per person, \$300,000/per occurrence; and Property Damage- \$500,000.<br><b>OR</b><br>Minimum combined single limit policy of \$800,000.                                  |  |
| 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 |
| 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 |



## Section VIII– 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:

- All officers and directors (if qualified business is a corporation or any other business entity with officers and directors)
- All members and managers (if qualified business is a LLC)
- All partners (If qualified business is a partnership)
- All members (if qualified business is a business entity other than those described above)

**NOTE:** Accuracy of Authorized Representative(s) of the business may be checked on the Florida Division of Corporations website [www.sunbiz.org](http://www.sunbiz.org).

If YES to question 1, please complete Section IX.

If YES to questions 2 through 6, please complete Section X.

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. **Explanations for this answer must be completed in Section X. Use your credit report as a guide when answering this question.**

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<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 2        | Authorized Representative – Print Name           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 3        | Authorized Representative – Print Name           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 4        | Authorized Representative – Print Name           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**Section VIII – 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<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 6        | Authorized Representative – Print Name           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 7        | Authorized Representative – Print Name           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 8        | Authorized Representative – Print Name           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

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

**Section IX – 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?<br><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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description:                                     |        |  |
|  |        |  |
|  |        |  |
|  |        |  |

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

Review your credit report and, if applicable, be sure to provide explanations of all negative items such as collections, liens, judgments and foreclosures. Also, provide documentation showing release of liens, discharge of bankruptcy and satisfaction of judgments. Application processors will be looking for explanations to negative items listed on your credit report in this section. Use your credit report as a guide when providing your answers.

| EXPLANATION                                      |   |
|--|---|
| Name of person to whom this explanation relates: | This explanation relates to question # (check one):<br><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:  |
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| EXPLANATION                                      |   |
|--|---|
| Name of person to whom this explanation relates: | This explanation relates to question # (check one):<br><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:  |
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**Section XI- Business Financial Statement**

| <b>BUSINESS FINANCIAL STATEMENT</b>  |    |  |    |
|--|----|--|----|
| If the business that you are attempting to qualify is already qualified by another Primary Qualifier who is a Certified EC, EF, or EG contractor you DO NOT have to complete this section.         |    |  |    |
| However, if the business you are attempting to qualify is not already qualified or is qualified by a Registered electrical contractor or a Certified ES contractor you MUST complete this section. |    |  |    |
| Statement of Financial Condition of : _____<br>(Name of Business Being Qualified)  |    |  |    |
| Date of Financial Statement:   |    | FEID Number:   |    |
| <b>ASSETS</b> (omit cents)   |    | <b>LIABILITIES</b> (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–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>• Business Credit Report from a nationally recognized credit reporting agency</li> <li>• Itemization of machinery, fixtures &amp; equipment and other assets listed on business financial statement.</li> </ul>  |
| <b>Application Tip:</b>   |
| <p>When completing the financial questions on your application, use your credit report as a guide. Make sure to provide explanations of all negative items such as collections, liens, judgments and foreclosures in Section X. 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:   |