

State of Florida
Department of Business and Professional Regulation
Electrical Contractors' Licensing Board
Electrical Contractor Change of Status Transactions
Form # DBPR ECLB 6

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

APPLICATION REQUIREMENTS
<p>ALL License Applicants must submit:</p> <p><input type="checkbox"/> Fees:</p> <ul style="list-style-type: none"> • Request Inactive status- \$25 (current) • Transfer Additional Business to Primary License- \$25 • Business Name Change- \$150 (Certified); \$50 (Registered) • Make check payable to the Florida Department of Business and Professional Regulation.

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

Application Instructions by Section

a. Section I – Application Type

- i. Select the transaction you wish to conduct.
- ii. To request inactive status, complete Sections I, II and V. Additional Business qualifications will be placed in a null and void status, not inactive.
- iii. To transfer additional business to primary license, complete Sections I, II, IV and V.
- iv. To change business name complete Section I, II, III and V.

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.

c. Section III – Business Name Change

- i. Provide the current business information.
- ii. Provide the new business information.
- iii. The Division of Corporations Document Numbers for the current and new businesses must be the same for corporate name changes and adding fictitious names. For conversions from corporations to LLCs and conversions from LLCs to corporations, the Certificate of Conversion must reflect the change. All other corporate changes require you to submit an application to transfer to a new business entity

d. Section IV - Transfer Additional Business to Primary License

- i. Provide the primary business no longer qualified.
- ii. Provide the additional business to become primary business information.
- iii. This transaction will transfer your additional business to your primary license number, and render that additional business license number null and void.

e. Section V – 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.

State of Florida
Department of Business and Professional Regulation
Electrical Contractors' Licensing Board
Electrical Contractor Change of Status Transactions
Form # DBPR ECLB 6

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"/>	Request Inactive Status- \$25 fee (current) [4020] (complete Sections I, II and V) Name of Business no Longer Qualified: _____
<input type="checkbox"/>	Request Inactive Status- \$25 fee (current) [4020] (complete Sections I, II and V)
<input type="checkbox"/>	Transfer Additional Business to Primary License- \$25 [3025] (complete Sections I, II, IV and V)
<input type="checkbox"/>	Business Name Change (only for Name Change Amendments, Add a Fictitious Name, Remove a Fictitious Name, Conversion from Corporation to LLC, or Conversion from LLC to Corporation) - \$150 fee (Certified); \$50 fee (Registered) [3021] (complete Sections I, II, III and V)

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) / /		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		

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Section III– Business Name Change

CURRENT BUSINESS INFORMATION	
Business Name:	
Doing Business As (D/B/A):	
Federal Employer ID Number (FEID):	



Section III – Business Name Change (continued)

NEW BUSINESS INFORMATION		
Business Name:		
Doing Business As (D/B/A):		
Federal Employer ID Number (FEID):		
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code
County (if Florida address)	Country	

Section IV– Transfer Additional Business to Primary License

NOTE: This transaction will transfer your Additional Business to your primary license number, and render that Additional Business license number null and void.

PRIMARY BUSINESS NO LONGER QUALIFIED	
Primary License Number:	
Business Name:	
Doing Business As (D/B/A):	
Federal Employer ID Number (FEID):	
ADDITIONAL BUSINESS TO BECOME PRIMARY BUSINESS	
Additional Business License Number:	
Business Name:	
Doing Business As (D/B/A):	
Federal Employer ID Number (FEID):	

Section V– Affirmation by Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p>	
Signature:	Date:
Print Name:	