

**INFORMATION FOR COMPLETING  
CHANGE OF STATUS APPLICATION  
DBPR ECLB 4456-1**

**Application begins on page 2**

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**.

The DBPR ECLB 4456-1 Change of Status Application may be used to communicate the following:

- Designation of Primary and Secondary Qualifying Agents -no fee
- Notification of Change of Ownership and/or Officers - no fee
- Request for Inactive Status (current) - \$25.00
- Request for Inactive Status (delinquent) - \$130.00
- Request for Initial Inactive Status - \$55.00
- Business Name Change (only for Name Change Amendments, Adding a Fictitious Name, Conversion from Corporation to LLC or Conversion from LLC to Corporation) - Certified Fee \$150, Registered Fee \$50

**Please Note: 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.**

Select the appropriate transaction below and comply with the corresponding application requirements.

TRANSACTION	APPLICATION REQUIREMENTS
<b>Designate Primary and Secondary Qualifying Agents</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete the <i>Designation of Primary and Secondary Qualifying Agents</i> section of the DBPR ECLB 4456-1 Change of Status Application</li> <li><input type="checkbox"/> Complete the <i>Notification of Change of Status</i> section of the DBPR ECLB 4456-1 Change of Status Application</li> </ul>
<b>Notification of Change of Ownership and/or Officers</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete the <i>Financial Responsibility/Background Questionnaire</i> section of the DBPR ECLB 4456-1 Change of Status Application</li> <li><input type="checkbox"/> Submit a letter verifying that the qualifying agent is an officer or supervising employee of the company and has approval authority for checks, payments, drafts, and contracts, issued by or entered into by the business organization.</li> </ul>
<b>Request for Inactive Status</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete the <i>Request for Inactive Status</i> section of the DBPR ECLB 4456-1 Change of Status Application</li> <li><input type="checkbox"/> Must hold valid registration or certification</li> <li><input type="checkbox"/> Return current registration or certification (wallet and display) within seven working days</li> <li><input type="checkbox"/> Submit fee. Make checks payable to the Department of Business and Professional Regulation</li> </ul>
<b>Request for Initial Inactive Status (Certified Only)</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete the <i>Request for Initial Inactive Status</i> section of the DBPR ECLB 4456-1 Change of Status Application</li> <li><input type="checkbox"/> Submit fee. Make checks payable to the Department of Business and Professional Regulation</li> </ul>
<b>Business Name Change</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete the <i>Request for Business Name Change</i> section of the DBPR ECLB 4456-1 Change of Status Application</li> <li><input type="checkbox"/> Submit fee. Make checks payable to the Department of Business and Professional Regulation</li> </ul>

Please send your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation  
1940 North Monroe Street  
Tallahassee, FL 32399-0783  
[www.MyFloridaLicense.com](http://www.MyFloridaLicense.com)

**DBPR ECLB 4456-1 Change of Status Application**

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

**NOTE – This form must be submitted as part of an  
entire application packet**

*If you have any questions or need assistance in completing this application, please contact the  
Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-1395.*

<b>CHECK ACTION REQUESTED</b>	
<b>Action Requested</b>	
<input type="checkbox"/> Designation of Primary and Secondary Qualifying Agents [9006]	
<input type="checkbox"/> Notification of Change of Ownership and/or Officers [9006]	
<input type="checkbox"/> Request for Inactive Status [4020]	
<input type="checkbox"/> Request for Initial Inactive Status [1031]	
<input type="checkbox"/> Business Name Change (only for Name Change Amendments, Adding a Fictitious Name, Conversion from Corporation to LLC or Conversion from LLC to Corporation) [3021]	

<b>DESIGNATION OF PRIMARY &amp; SECONDARY QUALIFYING AGENTS</b>			
<b>PRIMARY QUALIFYING AGENT</b>			
Name _____		License Number _____	
Signature _____		Date _____	
<b>SECONDARY QUALIFYING AGENT</b>			
Name _____		License Number _____	
Signature _____		Date _____	
<b>BUSINESS INFORMATION</b>			
Business Name _____			
Street Address or P.O. Box _____			
City _____		State _____	Zip Code (+4 optional) _____
County (if Florida address) _____		Country _____	
Name of President/CEO _____			
Signature _____		Date _____	

**NOTIFICATION OF CHANGE OF OWNERSHIP AND/OR OFFICERS**

This form may only be used to notify the Board of change of ownership, officers, or any of its shareholders holding 10% or more of the corporate stock within the business entity you qualify. (If your business has merged, changed names or officers due to a merger/purchase, or if the structure of your business has changed, you must submit a TRANSFER APPLICATION, not a CHANGE OF OWNERSHIP form.)

License Holder's Name		License Number	
Is this an address change? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Business Entity		Federal Tax ID Number	
Street Address or P.O. Box			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	
Name of New Owner/Officer			
Address			
City		State	Zip Code
Signature _____ Date _____			

**FINANCIAL RESPONSIBILITY/BACKGROUND QUESTIONNAIRE**

If you answer "yes" to any of the questions below, you must provide an explanation on the DBPR 0060-1 – General Explanatory Description form and attach legal documentation, i.e. satisfaction of lien, judgment, payment schedule, etc.

**The following persons must answer the financial responsibility questionnaire:**

**Qualifying Agent  
President, Vice-President, Secretary, and Treasurer**

Have you, or a partnership in which you were a partner or an authorized representative, or a corporation in which you were an officer or an authorized representative ever:

1. Undertaken construction contracts or work that a third party, such as a bonding or surety company, completed or made financial settlements for on your behalf?
2. Had claims or lawsuits filed for unpaid or past due accounts by your creditors?
3. Undertaken construction contracts or work that resulted in liens, suits or judgments being filed against you?
4. Had a lien of record filed against you by the U.S. Internal Revenue Service or Florida Corporate Tax Division or any other jurisdictions?
5. Made an assignment of assets in settlement of construction obligations for less than the debts outstanding?
6. Filed for bankruptcy voluntarily or involuntarily?
7. Been charged with, accused of, or investigated for acting as a contractor without a license?
8. Been convicted or found guilty of, or entered a plea of nolo contendere (regardless of adjudication) of any crime (other than a traffic violation)?

Indicate your response by circling Yes or No.		1	2	3	4	5	6	7	8
Qualifying Agent	Print Name	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
President	Print Name	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Vice President	Print Name	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Secretary	Print Name	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Treasurer	Print Name	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

REQUEST FOR BUSINESS NAME CHANGE		
Prior Name of Corporation		
New Name of Business		
Federal Tax ID Number	License Number	
Licensee's Name		
Business Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
Mailing Address for License		
City	State	Zip Code (+4 optional)
Licensee's Signature _____ Date _____		

REQUEST FOR INACTIVE STATUS		
Is this an address change? <input type="checkbox"/> Yes <input type="checkbox"/> No	License Number	
License Holder's Name		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
Phone Number	Fax Number	
Licensee's Signature _____ Date _____		
Please be advised that an inactive license will prohibit you from acting as a licensed contractor under any and all circumstances in this state. If you wish to return to active status you must request reactivation, pay all applicable reactivation and renewal fees, and comply with all applicable license renewal requirements. Any contractor working on an inactive license is subject to disciplinary action.		

**INITIAL INACTIVE STATUS – Certified Only**

If you wish to qualify a business, please complete the DBPR ECLB-4453-1 Initial Application for Certified Electrical, Alarm System or Specialty Contractor.

Name of Applicant \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Have you taken the state certification examination?  Yes  No

Date of Examination \_\_\_\_\_

Type of Examination (Electrical, Alarm I, etc.) \_\_\_\_\_

An inactive license cannot be used to conduct any business that requires licensure under Chapter 489 Part II, Florida Statutes. At the time you wish to qualify a business, you must contact the Board office for the DBPR ECLB-4453-1 Initial Certification Application and meet all continuing education (12 hours of Board approved continuing education courses for each year of inactive status) requirements. Your inactive license must be renewed during each renewal period. A renewal notice will be mailed to your last known address on record. It is the responsibility of the licensee to keep the Board updated in case of an address change.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please be advised that an inactive license will prohibit you from acting as a licensed contractor under any and all circumstances in this state. If you wish to return to active status you must request reactivation, pay all applicable reactivation and renewal fees, and comply with all applicable license renewal requirements. Any contractor working on an inactive license is subject to disciplinary action.

