

**REGISTERED ELECTRICAL, ALARM SYSTEM AND/OR SPECIALTY  
CONTRACTOR APPLICATION INFORMATION  
DBPR ECLB 4452-1**

**Application begins on page 4**

*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.*

Applicants are cautioned to read questions thoroughly. Be certain that all questions are answered truthfully and all requested information is furnished. **Please type or print in ink.**

The following forms must be completed:

- **DBPR ECLB-4452-1 – Initial Registration Application**
- **Qualifying Agent** must also complete the **DBPR 0010 – Master Individual Application**
- **Business Entity** must also complete the **DBPR 0020-1 – Master Organization Application**

NOTE: If a city has more stringent requirements than the county, you may also be required to register the license for the city.

**QUALIFICATIONS:**

Registration of Electrical, Alarm System and Specialty Contractors

- **Registration of local license for counties/cities that require examination:** If the county/city requires successful completion of an examination prior to issuance of a competency card, the competency card can be registered with the state without additional examination requirements.
  
- **Registration for counties/cities that do not issue a local license and do not require an examination:** If the county/city does not issue a competency card and does not require an examination, the applicant must show successful passage (at least 75%) of an examination equivalent to the state certification examination. Additionally, the applicant must show evidence of at least three (3) years of technical experience by completion of the attached Job List Form.

**LICENSURE CATEGORIES:**

<input type="checkbox"/> ER – Registered Electrical Contractor	<input type="checkbox"/> ET – Registered Specialty Contractor:
<input type="checkbox"/> EY – Registered Alarm System Contractor I	<input type="checkbox"/> Residential Electrical Specialty
<input type="checkbox"/> EZ – Registered Alarm System Contractor II	<input type="checkbox"/> Lighting Maintenance Specialty
	<input type="checkbox"/> Sign Specialty
	<input type="checkbox"/> Limited Energy Systems Specialty
	<input type="checkbox"/> Utility Line Specialty

**APPLICATION CHECKLIST:**

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

TRANSACTION	APPLICATION REQUIREMENTS
<p><b>Initial Application for Registered Electrical, Alarm System, or Specialty Contractor</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay \$105 fee (make check payable to the Department of Business and Professional Regulation)</li> <li><input type="checkbox"/> Complete DBPR ECLB-4452-1 – Initial Registration Application</li> <li><input type="checkbox"/> Complete DBPR 0010 – Master Individual Application</li> <li><input type="checkbox"/> If an organization, complete DBPR 0020-1 – Master Organization Application</li> <li><input type="checkbox"/> Submit copy of current local competency card</li> <li><input type="checkbox"/> Submit proof of examination</li> <li><input type="checkbox"/> Submit certificate of insurance</li> <li><input type="checkbox"/> Submit proof of workers' compensation or exemption</li> <li><input type="checkbox"/> Submit certificate of status (for corporation, partnership or fictitious name registration)</li> </ul>
<p><b>Additional County Application for Registered Electrical, Alarm System, or Specialty Contractor</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay \$100 fee (make check payable to the Department of Business and Professional Regulation)</li> <li><input type="checkbox"/> Complete DBPR ECLB-4452-1 – Initial Registration Application</li> <li><input type="checkbox"/> Complete DBPR 0010 – Master Individual Application</li> <li><input type="checkbox"/> If an organization, complete DBPR 0020-1 – Master Organization Application</li> <li><input type="checkbox"/> Submit copy of current local competency card</li> <li><input type="checkbox"/> Submit proof of examination</li> <li><input type="checkbox"/> Submit certificate of insurance</li> <li><input type="checkbox"/> Submit proof of workers' compensation or exemption</li> <li><input type="checkbox"/> Submit certificate of status (for corporation, partnership or fictitious name registration)</li> </ul>
<p><b>Additional Business Application for Registered Electrical, Alarm System, or Specialty Contractor</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay \$105 fee (make check payable to the Department of Business and Professional Regulation)</li> <li><input type="checkbox"/> Complete DBPR ECLB-4452-1 – Initial Registration Application</li> <li><input type="checkbox"/> Complete DBPR 0010 – Master Individual Application</li> <li><input type="checkbox"/> If an organization, complete DBPR 0020-1 – Master Organization Application</li> <li><input type="checkbox"/> Submit copy of current local competency card</li> <li><input type="checkbox"/> Submit proof of examination</li> <li><input type="checkbox"/> Submit certificate of insurance</li> <li><input type="checkbox"/> Submit proof of workers' compensation or exemption</li> <li><input type="checkbox"/> Submit certificate of status (for corporation, partnership or fictitious name registration)</li> </ul>

<p><b>Reactivation of a Registered Electrical, Alarm System, or Specialty Contractor License</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay \$155 or pay \$175 if outside of the renewal cycle (make check payable to the Department of Business and Professional Regulation)</li> <li><input type="checkbox"/> Complete DBPR ECLB-4452-1 – Initial Registration Application</li> <li><input type="checkbox"/> Complete DBPR 0010 – Master Individual Application</li> <li><input type="checkbox"/> If an organization, complete DBPR 0020-1 – Master Organization Application</li> <li><input type="checkbox"/> Submit certificate of insurance</li> <li><input type="checkbox"/> Submit proof of workers' compensation or exemption</li> <li><input type="checkbox"/> Submit copy of current local competency card</li> <li><input type="checkbox"/> Submit certificate of status (for corporation, partnership or fictitious name registration)</li> <li><input type="checkbox"/> Submit proof of completion of 12 hours of continuing education for each year of inactive status.</li> </ul>
<p><b>Initial Inactive Application for Registered Electrical, Alarm System, or Specialty Contractor</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay \$55 fee (make check payable to the Department of Business and Professional Regulation)</li> <li><input type="checkbox"/> Complete DBPR ECLB-4452-1 – Initial Registration Application</li> <li><input type="checkbox"/> Complete DBPR 0010 – Master Individual Application</li> <li><input type="checkbox"/> Submit copy of current local competency card</li> <li><input type="checkbox"/> Submit proof of examination</li> </ul>
<p><b>Transfer of a Registered Electrical, Alarm System, or Specialty Contractor License</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay \$50 fee (make check payable to the Department of Business and Professional Regulation)</li> <li><input type="checkbox"/> Complete DBPR ECLB-4452-1 – Initial Registration Application</li> <li><input type="checkbox"/> Complete DBPR 0010 – Master Individual Application</li> <li><input type="checkbox"/> If an organization, complete DBPR 0020-1 – Master Organization Application</li> <li><input type="checkbox"/> Submit copy of current local competency card</li> <li><input type="checkbox"/> Submit certificate of insurance</li> <li><input type="checkbox"/> Submit proof of workers' compensation or exemption</li> <li><input type="checkbox"/> Submit certificate of status (for corporation, partnership or fictitious name registration)</li> <li><input type="checkbox"/> Return both portions of current license</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.MyFlorida.com](http://www.MyFlorida.com)

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**

PERSONAL INFORMATION				
Social Security Number*				
Last Name		First	Middle	Title Suffix
Birth Date (MM/DD/YYYY) / /		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		
Race/Ethnicity (check only one): <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Spanish, Hispanic or Latino <input type="checkbox"/> Other				
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		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
BUSINESS LOCATION ADDRESS				
Business/Firm Name				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number	Fax Number
Alternate E-Mail Address	

\*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

PRIOR LICENSE INFORMATION			
If you currently or previously have held a business or professional license/registration in Florida or elsewhere, please list them below:			
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	

BACKGROUND INFORMATION			
1.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withhold of adjudication? This question applies to any 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 943.058, 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.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraudulent or dishonest dealing, or is there any such case or investigation pending?
3.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	Has any license, registration or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or withdrawn in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to questions 1 – 4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or 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. Please utilize form 0050-1 for your responses to questions 1 and 2, and form 0060-1 for your responses to questions 3 and 4. If you have more than seven offenses to document on form 0050-1, attach additional copies of form 0050-1 as necessary.

PRIOR NAME INFORMATION				
Have you used, been known as, or called by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? Yes <input type="checkbox"/> No <input type="checkbox"/>				
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

**ATTEST STATEMENT**

I have read the questions in this application and have answered them completely and truthfully to the best of my knowledge.

I have successfully completed the education, if any, required for the level of licensure, registration, or certification sought.

I have the amount of experience required, if any, for the level of licensure, registration, or certification sought.

I pledge to comply with the applicable standards of practice upon licensure, registration, or certification.

I understand the types of misconduct for which disciplinary proceedings may be initiated.

Giving knowingly misleading statements or knowing misrepresentation when applying for a license constitutes a felony of the third degree and may result in licensure denial or revocation.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**DBPR 0020-1 – Master Organization Application**



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**

ORGANIZATION INFORMATION		
Federal Employer ID Number/Social Security Number*		
Organization/Applicant Name		
Doing Business As (D/B/A) Name		
Ownership: Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture Agreement <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Estate <input type="checkbox"/> Professional Association <input type="checkbox"/> Other <input type="checkbox"/>		
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
CONTACT INFORMATION		
Contact Name		
Primary Phone Number	Primary E-Mail Address	
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
BUSINESS LOCATION ADDRESS		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number	Fax Number
Alternate E-Mail Address	

\*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

**DBPR ECLB 4452-1 – Application for Registered Electrical,  
Alarm System or Specialty Contractor**



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION  
1940 North Monroe Street  
Tallahassee, Florida 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.*

APPLICANT INFORMATION				
Last Name	First	Middle	Title	Suffix

CHECK TRANSACTION REQUESTED
<b>Transaction Type:</b> <input type="checkbox"/> Initial Registration Application – \$105 fee <input type="checkbox"/> Registration Application for Additional County – \$100 fee <input type="checkbox"/> Registration Application for Additional Business – \$105 fee <input type="checkbox"/> Request for Reactivation of a Registered License --\$155 fee --\$175 outside renewal cycle <input type="checkbox"/> Initial Inactive License--\$55 fee <input type="checkbox"/> Request for Transfer of a Registered License - \$50 fee
CHECK LICENSE CATEGORY
<input type="checkbox"/> Electrical Contractor <input type="checkbox"/> Registered Alarm System Contractor I (Fire and Burglar) <input type="checkbox"/> Registered Alarm System Contractor II (Burglar Only) Specialty Electrical Contractor <ul style="list-style-type: none"> <li><input type="checkbox"/> Lighting Maintenance Specialty Electrical Contractor</li> <li><input type="checkbox"/> Sign Specialty Electrical Contractor</li> <li><input type="checkbox"/> Residential Electrical Contractor</li> <li><input type="checkbox"/> Limited Energy Systems Specialty Contractor</li> <li><input type="checkbox"/> Utility Line Electrical Specialty Contractor</li> </ul>

QUALIFICATION FOR REGISTERED CONTRACTOR	
A person shall qualify to be registered with the state as an electrical, alarm system, or specialty contractor by meeting one of the following requirements. (Check One)	
<input type="checkbox"/>	1. <b>Registration of local license for counties/cities that require examination:</b> If the county/city requires successful completion of an examination prior to issuance of a competency card, the competency card can be registered with the state without additional examination requirements.
<input type="checkbox"/>	2. <b>Registration for counties/cities that do not issue a local license and do not require an examination:</b> If the county/city does not issue a competency card and does not require an examination, the applicant must show successful passage (at least 75%) of an examination equivalent to the state certification examination. Additionally, the applicant must evidence at least three (3) years of technical experience by completing the attached Job List Form.

**STATEMENT OF AUTHORITY (BUSINESSES ONLY)  
REQUIRES SIGNATURE OF QUALIFYING AGENT**

I, \_\_\_\_\_, (Qualifying Agent) am legally qualified to act for the business organization in all matters connected with its contracting business and have the authority to supervise construction undertaken by the business organization.

\_\_\_\_\_ Date: \_\_\_\_\_  
Qualifying Agent (Sign and Print Name)

\_\_\_\_\_ Date: \_\_\_\_\_  
President (Print Name)

\_\_\_\_\_ Date: \_\_\_\_\_  
Vice President (Print Name)

\_\_\_\_\_ Date: \_\_\_\_\_  
Secretary (Print Name)

\_\_\_\_\_ Date: \_\_\_\_\_  
Treasurer (Print Name)

**QUALIFYING AGENT AFFIDAVIT  
REQUIRES SIGNATURE OF QUALIFYING AGENT**

All statements made on this application are true and correct. I understand that any misrepresentations of material facts herein will result in denial of licensure in the state of Florida. I also attest that I have read and reviewed Chapter 489, Part II, Florida Statutes, Chapter 61G6, Florida Administrative Code, and that I am able to answer questions of a specific nature regarding each of them:

Name of Qualifying Agent: \_\_\_\_\_

Signature of Qualifying Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**BUSINESS ENTITY TRANSFER ONLY**

Current License Number \_\_\_\_\_ (Circle One: ER ET EY EZ EI EH EJ)

Identify Your Current Status

Circle One: Individual Business

Identify Your New Status

Circle One: Individual Business

**APPLICANT JOB LIST (DUPLICATE AS NECESSARY)**  
**Job List Only Required For Initial, Active Application For Electrical, Alarm System, And Specialty Contractors. (Job List Not Required for Transfers)**

Document three (3) years of technical experience in the appropriate category (alarm system, electrical, or specialty contracting). The job list is required only if the county in which you wish to be registered does not require an examination and does not issue a competency card.

<b>Job Start &amp; Finish Dates</b>	<b>DESCRIPTION OF JOB</b> (Include type of work performed, job's location and address, general contractor's name, contractor who pulled permit and contractor's telephone number.)
FROM:  TO:	
FROM:  TO:	
FROM:  TO:	
FROM:  TO:	
FROM:  TO:	

DBPR 0050-1 – Explanatory Information for Background Questions



STATE OF FLORIDA  
 DEPARTMENT OF BUSINESS AND  
 PROFESSIONAL REGULATION  
 NOTE – This form must be submitted as part of an  
 application packet

PERSONAL INFORMATION				
Last Name	First	Middle	Title	Suffix
Identify question number on form 0010 this explanation pertains to:				

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

Attach additional sheets as necessary

