

State of Florida
Department of Business and Professional Regulation
Construction Industry Licensing Board
Application for Change of Status- Active to Inactive
Form # DBPR CILB 14

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

| APPLICATION REQUIREMENTS |
|--|
| ALL License Applicants must submit: <input type="checkbox"/> Fees: <ul style="list-style-type: none">• \$50.• 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

**State of Florida
 Department of Business and Professional Regulation
 Construction Industry Licensing Board
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 Form # DBPR CILB 14**

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

| APPLICATION TYPES (Check only one.) |
|---|
| <input type="checkbox"/> Certified License Active to Inactive [06xx/4020] |
| <input type="checkbox"/> Registered License Active to Inactive [06xx/4020] |

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 | | |
| RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS) | | | | |
| Street Address | | | | |
| | | | | |
| City | | State | Zip Code (+4 optional) | |
| County (if Florida address) | | Country | | |

* 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

| BUSINESS LOCATION ADDRESS | | |
|-----------------------------|---------|------------------------|
| Business/Firm Name | | |
| Street Address | | |
| | | |
| City | State | Zip Code (+4 optional) |
| County (if Florida address) | Country | |

Section III – 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: | |

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. Application Instructions (by section)

a. Section I- Application Type

- i. Select only one application type.

b. Section II- Applicant Personal Information

- i. Fill out each section completely. A social security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
- ii. Provide the license number that you would like to change from active to inactive status.
- iii. 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.
- iv. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- v. 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.
- vi. Applicants are required to provide at least one physical address – i.e., not a P.O. Box. If the mailing address is not also your physical address, please provide a physical address.
- vii. Applicants are required to provide the address of their business location.

c. Section III- Affirmation by Written Declaration

- i. Applicant must sign the affirmation by written declaration.