

**State of Florida**  
**Department of Business and Professional Regulation**  
**Construction Industry Licensing Board**  
**Application to Reinstate Null and Void Certification or Registration**  
**Form # DBPR CILB 26**

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

APPLICATION REQUIREMENTS
<p><b>ALL Applicants must submit:</b></p> <p><input type="checkbox"/> Fees:</p> <ul style="list-style-type: none"><li>• \$100</li><li>• Make check payable to the Florida Department of Business and Professional Regulation.</li></ul> <p><b>Registered contractors must also submit:</b></p> <p><input type="checkbox"/> Copy of your current local competency card.</p> <ul style="list-style-type: none"><li>• <b>Note</b> – You may also submit a letter from a local building official testifying that you have met local competency standards and requirements for your specific trade, and you are waiting for reinstatement of your state registration.</li></ul>

**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

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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 – Applicant Personal Information**

LICENSEE INFORMATION				
License Number:		*Social Security Number:		
Last Name	First	Middle	Title	Suffix
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				

\* 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 – 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:	

## 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

- a. Section 455.271(6)(b), Florida Statutes, allows the Department to reinstate a null and void license, at its discretion, if the Department determines that the individual has made a good-faith effort to comply with the renewal requirements but has failed to comply because of illness or economic hardship.
- b. If your application is approved, your license will be reinstated in a “Current/Inactive” status. At that time you will be required to apply for reactivation of your license.
- c. **Registered Contractors:**
  - i. Definition of “Registered Contractor”
    - (1) A contractor who has registered with the department pursuant to fulfilling the competency requirements in the jurisdiction for which the registration is issued.
    - (2) Registered contractors may contract only in such jurisdictions.
  - ii. Must meet local competency standard requirements and submit either a copy the local competency card, or a letter from a local building official testifying that you have met local competency standards and requirements for your specific trade, and you are waiting for reinstatement of your state registration.

### 2. Application Instructions (by section)

- a. **Section I- 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 are applying to reinstate.
  - 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. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
- b. **Section II- Statement Demonstrating Good-Faith Effort to Comply with Renewal**
  - i. Provide a statement that demonstrates a good-faith effort to comply with renewal and explain the illness or economic hardship that prevented renewal of your license.
  - ii. Attach additional copies as necessary.
- c. **Section III- Affirmation by Written Declaration**
  - i. Each applicant must sign the affirmation by written declaration.