State of Florida
Department of Business and Professional Regulation
Construction Industry Licensing Board
Application for Certification of Registered Contractor (Grandfathering) as an Individual
Form # DBPR CILB 29

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

APPLICATION REQUIREMENTS
ALL License Applicants must submit: ❑ Fees: **ALL License Applicants must submit:** ❑ Fees: • Applying for initial certification between May 1st of an EVEN year through August 31st of an ODD year - $305. **OR** • Applying for initial certification between September 1st of an ODD year through April 30th of an EVEN year - $205. • Make check payable to the Florida Department of Business and Professional Regulation. ❑ Electronic fingerprints. See Section 1(b)(i) of Instructions. ❑ Supporting legal documentation, if necessary. See Section 2(e) of Instructions. ❑ Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable. **ACTIVE License Applicants must also submit:** ❑ **Credit report containing a credit score (FICO derived)** on applicant from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state, and federal levels. For a list of agencies, visit https://www2.myfloridalicense.com/pro/cilb/documents/cilb_credit_reporting_agencies.pdf • See Section 2(h) of Instructions. • **If credit score is below 660 (FICO derived) applicant must provide proof of completion of a 14-hour financial responsibility course approved by the Board. For a list of approved courses, please visit:** https://dbpr-publicrecords.myfloridalicense.com/qpr/single/?appid=90232c64-fcda-4ec3-b807-723c8e339cb8&obj=FGxwzGk&opt=ctxmenu&select=clearall • **Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable.**

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
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Application for Certification of Registered Contractor (Grandfathering) as an Individual
Form # DBPR CILB 29

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.)	
❑ Individual Certified License – Active **[06xx/1031]**	❑ Individual Certified License – Inactive **[06xx/1048]** **Complete sections I- VI and IX-X.**

Section II – Applicant Licensure Category

CHECK ONLY ONE LICENSE CATEGORY
For definitions and information on license categories please visit the Board's webpage and select the green box titled "License Types"

❑Building	❑Mechanical	❑Solar
❑Class A Air-Conditioning	❑Plumbing	❑Sheet Metal
❑Class B Air-Conditioning	❑Residential	❑Swimming Pool/Spa Servicing
❑Commercial Pool/Spa	❑Residential Pool/Spa	❑Underground Utility and Excavation
❑General	❑ Roofing	

CLASSIFICATION REQUESTED	
❑	Must have held a valid, active local contractor license registered with the CILB for at least five (5) years at the time of application, which has been in an active status for at least five (5) years. If your license was revoked at any time, suspended within the last five (5) years or has been assessed a fine in excess of $500 within the last five (5) years, you are NOT eligible to apply for certification.
❑	Building Code Administrators or Inspectors that hold valid inactive local contractor license(s) registered with the CILB and must provide proof of five (5) years experience with oversight in the category you are applying for.

REGISTERED LICENSE	
❑	Select this box if you want your registered license to be closed upon issuance of a certified license. ***This action cannot be reversed. Once closed you will be required to reapply to obtain a registered license. It may be in your best interest to leave this box unselected and to keep your registration until you are sure that you no longer need it.***

Section III – Applicant Personal Information

PERSONAL INFORMATION				
Social Security Number*		Registered License Number		
FULL LEGAL NAME				
Last Name	First	Middle	Title	Suffix
Birth Date (MM/DD/YYYY) / /		Gender (optional) ❑ Male ❑ Female		

* 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 – Applicant Personal Information (continued)

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 (ACTIVE APPLICANTS ONLY)		
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		

Section III – Applicant Personal Information

CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):			
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	

Section III – Applicant Personal Information – continued

PRIOR NAME INFORMATION				
Have you used, been known as, or are currently known by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? ❑ Yes ❑ No 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

Section IV – Background Questions

BACKGROUND QUESTIONS			
1.	❑ Yes (If yes, please complete Section V)	❑ No	Have you ever been convicted or found guilty of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal 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 943.0585 or 943.059, 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 (If yes, please complete Section V)	❑ No	Are there any pending bankruptcies or unsatisfied judgments or liens against yourself, a business you previously qualified, which were filed during your period of qualification, or the business you are applying to qualify? This question applies to any unpaid judgments or liens, including those for unpaid past-due bills by creditors, construction and non-construction issues, and tax liens.
3.	❑ Yes (If yes, please complete Section VI)	❑ No	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 (If yes, please complete Section VI)	❑ No	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to any question in questions 1 – 4 above, please refer to Sections 2(d-f) of Instructions for detailed instructions on providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section V for your response to questions 1 and 2, and complete Section VI for your response to questions 3 and 4. If you have more than four offenses to document in Section V, attach additional pages as necessary.

Section V – Explanations for Background Questions 1 and 2

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? ❑ Yes ❑ No
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? ❑ Yes ❑ No
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? ❑ Yes ❑ No
Description	

Section VI – Explanations for Background Questions 3 and 4 (Attach additional sheets as required).

EXPLANATION	
State/Jurisdiction:	Application Type/License Number:

Section VII –Insurance Coverage – Active Applicants Only

INSURANCE **Do not complete this section if you selected Inactive in Section I.**
Minimum amounts required for General Liability insurance: General and Building Contractors - $300,000 public liability; $50,000 property damage All other categories - $100,000 public liability; $25,000 property damage
1. Have you obtained public liability and property damage insurance in the amounts determined by rule of the Construction Industry Licensing Board, as specified above? ❑ Yes ❑ No
2. Have you obtained workers' compensation insurance or filed for an exemption with the Division of Workers' Compensation, and if not, do you attest that you will obtain an exemption within 30 days after your license is issued? ❑ Yes ❑ No

Section VIII – Financial Responsibility & Stability Requirements – Active Applicants Only

FINANCIAL RESPONSIBILITY & STABILITY **See Section 2(h) of Instructions for information on completing this section.**	
• **CREDIT REPORT** The applicant must submit a credit report containing a credit score (FICO derived) from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state, and federal levels. (See Instructions for more information). • **FINANCIAL RESPONSIBILITY & STABILITY REQUIREMENTS** Financial responsibility & stability can be demonstrated by a credit score of 660 or higher and no unsatisfied judgments or liens. (See Rule 61G4-15.006, Florida Administrative Code for details). **Does the submitted credit report show a credit score of 660 or higher? ❑ Yes ❑ No** If no, the financial stability requirement must be met by providing proof of completion of an approved 14-hour financial responsibility course.	
Have you completed a financial responsibility course approved by the Construction Industry Licensing Board? ❑ Yes ❑ No If yes, please complete the fields below.	
School Name:	School Provider #:
Name of Course:	
Date(s) Attended:	

Section IX – Verification of Good Standing

VERIFICATION OF GOOD STANDING

Applicant Name: _____

This section must be completed by a Building Official or their Designee

This is to certify that the individual name above has met the following requirements:

- ❑ Passed an examination to obtain the competency card and that an examination was required to obtain the competency card.
- ❑ There are no pending complaints against the applicant and there has been no disciplinary action taken against the applicant in the past 5 years.

_____
Name and Title of Local Officer or Designee

_____
Signature of Local Officer or Designee

_____
Issuing Jurisdiction

Section X – Affirmation By Written Declaration (to be completed by the Applicant)

AFFIRMATION BY WRITTEN DECLARATION

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.**

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 for Certification of Registered Contractors (also known as Grandfathering)**
   - **a.** Grandfathering Provisions –
     - i. A contractor must currently hold a valid registered local license in one of the contractor categories defined in s. 489.105(3)(a)-(o), Florida Statutes, and
     - ii. Has, for that category, passed a written examination that the board finds to be substantially similar to the examination required to be licensed as a certified contractor under this part, and
     - iii. Has at least 5 years of experience as a contractor in that contracting category, or as an inspector or building administrator with oversight over that category, at the time of application. **Note:** For contractors, only time periods in which the contractor license is active and the contractor is not on probation shall count toward the 5 years of experience, and
     - iv. Has not had his or her contractor's license revoked at any time, had his or her contractor's license suspended within the last 5 years, or been assessed a fine in excess of $500 within the last 5 years, and
     - v. Is in compliance with the insurance and financial responsibility requirements in s. 489.115(5), Florida Statutes.
   - **b. All Applicants**:
     - i. Must submit electronic fingerprints.
       - (1) Pursuant to Chapter 455, Florida Statutes, electronic fingerprinting is mandatory for all Construction Initial License, Initial Business, Additional Business, Transfer (Change of Status), and Endorsement applications. Electronic fingerprinting allows applicants to have their fingerprints scanned and electronically submitted to the Florida Department of Law Enforcement and Federal Bureau of Investigation.
       - (2) Electronic Fingerprinting is available at various convenient sites throughout the state. See https://www2.myfloridalicense.com/fingerprinting/ for more information.
   - **c. Active Applicants must also submit:**
     - i. Credit report containing a credit score (FICO derived) on applicant from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state and federal levels. For a list of agencies, visit https://www2.myfloridalicense.com/pro/cilb/documents/cilb_credit_reporting_agencies.pdf
       - If credit score is below 660 (FICO derived) applicant must submit a bond or irrevocable letter of credit.
       - Note – Fifty percent (50%) of the bond or letter of credit requirement may be met by completion of a 14-hour financial responsibility course approved by the Board. https://dbpr-publicrecords.myfloridalicense.com/qpr/single/?appid=90232c64-fcda-4ec3-b807-723c8e339cb8&obj=FGxwzGk&opt=ctxmenu&select=clearall
2. **Application Instructions (by section)**
   - **a. Section I- Application Type**
     - i. Individual Certified License – Active
       - (1) Select this application type if you plan to conduct business as an individual with this license, AND
       - (2) You meet the requirements outlined in 1(a) above.
       - (3) Complete entire application.
     - ii. Certified License – Inactive
       - (1) Select this application type if you seek a license, but want to set the license status to inactive, AND
       - (2) You meet the requirements outlined in 1(a) above.
       - (3) Complete sections I-VI and IX-X only.
   - **b. Section II- Applicant Licensure Category**
     - i. Applicant must check only one license category.
     - ii. Applicant must check only one classification.
     - iii. Applicant has the option to select this box to close their registered license upon issuance of their certified license. This is optional. Not selecting this box will result in no changes being applied to your registered license. *This action cannot be reversed. Once your registered license is closed you will be required to reapply to obtain a registered license. It may be in your best interest to not select this box and to keep your registration until you are sure that you no longer need it.*
   - **c. Section III- 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. List your registered license number as issued by the Department of Business and Professional Regulation.
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. Applicant must provide their date of birth.
v. Providing your gender is optional.
vi. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
vii. 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.
viii. 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.
ix. Active applicants are required to provide the address of their business location.
x. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
xi. Applicants must provide information on current or prior licenses held in Florida or any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.
xii. Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant's legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.

d. Section IV- Background Questions

i. Applicants must submit answers to each of the background questions.
ii. For each "Yes" answer the person must provide an explanation in Section V or VI, as applicable.

e. Section V- Explanations for Background Questions 1 and 2

i. For this section, provide as much detail as possible.
ii. Question 1:
(1) If you answer "yes" to this question, you must complete Section V [*make additional copies as necessary*] of the application please provide the full details of the criminal charges including 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. If you answer NO to this question because you believe that previous incidents have been dismissed, no action taken, nolle prossed, or expunged, you may be asked to supply documentation as proof of the disposition.
iii. Question 2:
(1) If you answer "yes" to this question, you must complete Section V [*make additional copies as necessary*] of the application and you must also supply documentation proving the bankruptcy has been discharged or the judgment or lien has been satisfied, or if not, stating the current status of the bankruptcy, judgment or lien.
iv. Submit supporting legal documentation, if necessary, with this application.

f. Section VI- Explanations for Background Questions 3 and 4

i. For this section, provide as much detail as possible.
ii. Question 3:
(1) If you answer "yes" to this question, you must complete Section VI [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
(2) Provide the full details explaining the denial or pending 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.
iii. Question 4:
(1) If you answer "yes" to this question, you must complete Section VI [*make additional copies as necessary*] of the application and supply copies of the order(s), if applicable, showing the disciplinary action taken against the license or documentation showing the status of the pending action.
(2) Provide the full details of any 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.

iv. Submit supporting legal documentation, if necessary, with this application.

g. Section VII- Insurance Coverage- Active Status Applicants Only

i. Complete this section entirely.

ii. Applicants must have adequate Workers' Compensation and Liability Insurance as specificied by the Construction Industry Licensing Board.

(1) Amounts for general liability insurance are specified in the application. Amounts for workers' compensation insurance are outlined in Chapter 440, Florida Statutes.

(2) See Section 489.115(5)(a), Florida Statutes, and Rule 61G4-15.003, F.A.C. for more information.

iii. To verify the accuracy of the signed affidavit, the Board will, from time to time, conduct random sample audits of licensees by zip code area in which the total number of certificates and registrations selected for audit will be in a sufficient amount to insure the validity of the audit.

h. Section VIII- Financial Responsibility & Stability Requirements- Active Status Applicants Only

i. Complete this section entirely.

ii. Applicants must meet financial responsibility and stability requirements by submitting a credit report with a FICO derived credit score.

(1) Financial responsibility – this requirement is met if the submitted credit report shows no outstanding unsatisfied judgments or liens against the applicant.

(a) Applicants must submit proof of satisfaction of liens, judgments, and discharge of bankruptcy if these are shown on the credit report.

(2) Financial Stability – this requirement is met if the submitted credit report shows a FICO derived credit **score of 660 or higher.**

(a) If the applicant has a FICO derived credit score less than 660, he or she must provide proof of completion of a 14-hour financial responsibility course approved by the Board. See Financial Responsibility and Financial Stability, Grounds for Denial Rule 61G4-15.006, F.A.C. for more information.

(b) You only need to complete the 14-hour financial responsibility course if you have a credit score less than 660 (FICO).

(c) If you have completed the 14-hour financial responsibility course please provide the school name, the school provider number, the name of the course, and the dates attended.

i. Section IX – Verification of Examination and Letter of Good Standing

i. This section must be completed in its entirety, and signed, by a Building or Licensing Official or Designee from the county/city in which you obtained your competency card.

j. Section X- Affirmation by Written Declaration

i. Applicants must sign the affirmation by written declaration.

VOLUNTARY CRIMINAL HISTORY INFORMATION:

Beginning October 1st, 2019, new provisions went into effect which require the board to collect additional information regarding an applicant's background. Section 455.213, Florida Statutes, requires the board to identify the date of conviction, finding of guilt, plea, or adjudication entered, or date of sentencing, for each crime reported.

PLEASE NOTE: You are NOT required to answer the questions below. Your application WILL NOT be considered insufficient for failing to answer these questions.

The questions below only pertain to the background of the APPLICANT. The questions below DO NOT pertain to the background of any authorized representatives listed in the application.

If you have more offenses to document, you may attach additional pages as necessary.

EXPLANATION
Name of person to whom this explanation relates:
Offense:
Was the penalty/disposition a result of a plea or a trial? ❑ Plea ❑ Trial
Was adjudication withheld? ❑Yes ❑No
Date of Conviction, Finding of Guilt, or Plea:
Date of Sentencing:

EXPLANATION
Name of person to whom this explanation relates:
Offense:
Was the penalty/disposition a result of a plea or a trial? ❑ Plea ❑ Trial
Was adjudication withheld? ❑Yes ❑No
Date of Conviction, Finding of Guilt, or Plea:
Date of Sentencing: