

As a result of Governor Ron DeSantis signing HB 1091 into law, initial licensure fees are reduced by 50% for Fiscal Years 2023/2024 and 2024/2025. The total amount to be submitted for this application has been reduced from \$350.00 to \$250.00.

Please submit payment in the amount of \$250.00 with this application.

**State of Florida
Department of Business and Professional Regulation
Construction Industry Licensing Board
2601 Blair Stone Road
Tallahassee, FL 32399-0783**

RECIPROCITY AS CERTIFIED CONTRACTOR

Section 489.115(3)(c), Florida Statutes, provides for certification by reciprocity for any applicant who:

Holds a valid, current license to practice contracting issued by another state or territory of the United States, if the state or territory has entered into a reciprocal agreement with the board for the recognition of contractor licenses issued in that state, based on criteria for the issuance of such licenses that are substantially equivalent to the criteria for certification in this state.

A list of states which have entered into a reciprocity agreement with the Florida Construction Licensing Board can be found by visiting [this link](#).

**Application for Certification by Reciprocity
Form # DBPR CILB 32**

INSTRUCTIONS:

1. Applicants choosing to obtain their license via reciprocity must:
 - i. Pass the Florida Business and Finance Exam
 - ii. Submit verification of licensure from the state in which a reciprocity agreement has been entered indicating all of the following:
 - a. Confirmation that the license has not been revoked, suspended, or placed on probation by the licensing Board for violations of the law during the past 5 years.
 - b. Confirmation that the license is not subject to any pending disciplinary action by the licensing Board.
 - c. Confirmation that the license was obtained via examination.
2. Applicants must also submit:
 - i. Fee: \$350 for Reciprocity applications. Make check payable to the Florida Department of Business and Professional Regulation.
 - ii. Electronic fingerprints.
 - iii. 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.
 - iv. Proof of satisfaction of liens, judgments and discharge of bankruptcy, if applicable.
 - v. Supporting legal documentation, if necessary.
3. If applying to Qualify a Business, also submit:
 - i. Credit report on the business to be qualified from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state and federal levels.

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

APPLICATION REQUIREMENTS

Applicants choosing to obtain their license via reciprocity must:

- Pass the Florida Business and Finance Exam
- Submit verification of licensure from the state in which a reciprocity agreement has been entered indicating all of the following:
 - Confirmation that the license has not been revoked, suspended, or placed on probation by the licensing Board for violations of the law during the past 5 years.
 - Confirmation that the license is not subject to any pending disciplinary action by the licensing Board.
 - Confirmation that the license was obtained via examination.

Please note:

- If you are applying for licensure in Florida from Louisiana OR Mississippi as a Certified General Contractor, you must provide at least one year of experience in the new construction of a structure that is 4 stories or taller. This experience must be detailed in Section IV of the application.**
- If you are applying for licensure in Florida from North Carolina, you must complete all experience sections of the application specific to the license type that you are applying for.**

ALL Applicants must ALSO submit:

- Fee:
 - \$350
 - Make check payable to the Florida Department of Business and Professional Regulation .
- Electronic fingerprints.
- 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: http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_credit_reporting_agencies.pdf.
 - See Section 9(b) 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: http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_approved_financial_responsibility_courses.pdf**
- Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable.
- Supporting legal documentation, if necessary.

IF applying to Qualify a Business you must ALSO submit:

- Credit report on the business to be qualified 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: http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_credit_reporting_agencies.pdf.
- Completed Sections V through VIII of Application for Reciprocity as Certified Contractor Form # DBPR CILB 32.

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
Application for Certification by Reciprocity
Form # DBPR CILB 32

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

| |
|---|
| SELECT ONE: |
| <input type="checkbox"/> Individual Certified License (complete sections I-III and IX-XIII) (06xx/1029) <input type="checkbox"/> Certified License and Qualify a Business (complete sections I-III and V-XIII) (06xx/1029) NOTE: If applying with a Financially Responsible Officer, the proposed Financially Responsible Officer must submit the CILB 8 application. |
| 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" |
| <u>Louisiana or Mississippi</u> |
| <input type="checkbox"/> Certified General Contractor (Florida) reciprocating from a Building Construction License (Louisiana or Mississippi) ○ <u>Include one year of experience in the new construction of a 4-story structure in Section IV</u> <input type="checkbox"/> Certified Building Contractor (Florida) reciprocating from a Building Construction License (Louisiana or Mississippi) <input type="checkbox"/> Certified Residential Contractor (Florida) reciprocating from a Residential Building Contractor License (Louisiana) or a Residential Builder License (Mississippi) |
| <u>North Carolina</u> |
| <u>All North Carolina applicants must provide experience qualifications in Section IV</u> |
| <input type="checkbox"/> Certified General Contractor (Florida) from a Building Contractor's license (North Carolina) <input type="checkbox"/> Certified Building Contractor (Florida) from a Building Contractor's license (North Carolina) <input type="checkbox"/> Certified Residential Contractor (Florida) from a Residential Contractor's license (North Carolina) |
| <input type="checkbox"/> <u>I affirm that I have passed an exam covering the Florida Building Code, either through an approved continuing education provider or in connection with another license issued by the Department.</u> |

Section II – Applicant Personal Information

| PERSONAL INFORMATION | | | | |
|--------------------------------|---|---------|------------------------|--------|
| Social Security 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 | | |

* 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

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

| 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 | |

| PRIOR NAME INFORMATION | | | | |
|--|-------|--------|-------|--------|
| Have you used, been known as, or are you currently known by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> 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 III –Insurance Coverage

| INSURANCE |
|--|
| <p align="center">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</p> |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section IV – PART A - Qualifications for Certified License (*this page not required for Louisiana or Mississippi applicants*)

PART A: METHOD OF QUALIFICATION

A person will qualify for a certified license by meeting one of the following requirements (check only one box below):

1. **Four year construction-related degree** from an accredited college (equivalent to three years experience) **and one year proven experience** applicable to the category for which you are applying.
2. **One year experience as a foreman and not less than three years** of credits from accredited **college-level courses**.
3. **One year experience as a worker, one year experience as a foreman, and two years** of credits from accredited **college-level courses**.
4. **Two years experience as a worker, one year experience as a foreman, and one year** of credits from accredited **college-level courses**.
5. **Four years experience** as a worker or foreman of which at **least one year must have been as a foreman**.
6. **“Upgrade Method”**. A certified residential contractor holding an active current license for a minimum of 3 yrs in the classification in which he or she is certified. If you meet this eligibility requirement you are exempted from the Employment History section of this application. You must provide your license number for verification. See Section 2(f)(vi) of Instructions for more information).

If checked, License # : _____

MILITARY VETERANS: A veteran will qualify for a certified license by meeting on of the following (check only one box below):

1. **Three years of military service and one year experience as a foreman** applicable to the category for which you are applying.
2. **Two years of military service, one year experience as a foreman, and one year experience as a worker or foreman** applicable to the category for which you are applying.
3. **One year of military service, one year experience as a foreman, and two years experience as a worker or foreman** applicable to the category for which you are applying.

Note – your employment history provided in Part B must demonstrate the appropriate time frames based on which method of qualification you selected.

PART B follows on the next page. Please list your employment history for the years of experience required for qualification in Part A. (Use as many sheets as necessary to demonstrate your experience).

Applicants for licensure as a ***Certified General Contractor*** must have experience in **four or more** of the experience areas listed in Part B **AND** must provide at least one year of experience in the construction of structures at least four stories in height, pursuant to Rule 61G4-15.001 (2)(a) and (2)(b), Florida Administrative Code.

Applicants for licensure as a ***Certified Building Contractor*** must have experience in four or more of the experience areas listed in Part B, pursuant to Rule 61G4-15.001 (2)(a), Florida Administrative Code.

Applicants for licensure as a ***Certified Residential Contractor*** must have experience in 3 of the 5 experience areas listed in Part B, pursuant to Rule 61G4-15.001 (3), Florida Administrative Code.

TOTAL TIME OF EXPERIENCE FROM EMPLOYMENT HISTORY IN PART B:

Worker _____ Foreman _____

Note: The total time should equal or exceed the number of years of experience required for the qualification method selected in Part A.

Section V – Business to be Qualified Information (Not required if applying for Individual status)

| BUSINESS TO BE QUALIFIED | | | |
|--|--|------------------------------------|------------------------|
| Business Name: | | | |
| Doing Business As (D/B/A): | | Federal Employer ID Number (FEID): | |
| Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (please specify): _____ | | | |
| Is this business already qualified? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, provide the License Number under which the business is qualified: | | | |
| Qualifier Name: | | License Number: | |
| Qualifier Name: | | License Number: | |
| Qualifier Name: | | License Number: | |
| Qualifier Name: | | License Number: | |
| MAILING ADDRESS | | | |
| Street Address or P.O. Box | | | |
| City | | State | Zip Code |
| County (if Florida address) | | Country | |
| BUSINESS CONTACT INFORMATION (IF DIFFERENT THAN APPLICANT INFORMATION) | | | |
| Contact Name: | | | |
| Phone Number of Contact | | E-Mail Address of Contact | |
| BUSINESS LOCATION ADDRESS (IF DIFFERENT THAN MAILING ADDRESS) | | | |
| Street Address | | | |
| City | | State | Zip Code (+4 optional) |
| County (if Florida address) | | Country | |

Section VI – Primary Qualifier Information (Not required if applying for Individual status)

| PRIMARY QUALIFIER | |
|---|---------------------------------|
| Name of person legally appointed as the qualifier to act for the business organization in all matters connected with its contracting business, and who has been given authority to supervise all construction work performed by the business (this must be the applicant or a licensed contractor): | |
| Primary Qualifying Agent Name: | License Number (if applicable): |
| All primary qualifying agents for a business organization are jointly and equally responsible for supervision of all operations of the business organization; for all field work at all sites; and for financial matters, both for the organization in general for each specific job. | |
| If you do not have final approval authority on all business matters for the business organization, it may be in your best interest to appoint a Financially Responsible Officer. The appointment of a Financially Responsible Officer relieves the primary qualifying agent from financial responsibility, but the primary qualifying agent is still responsible for all construction-related matters. | |
| Please check one of the below boxes relating to the financial responsibility of the proposed business: | |
| <input type="checkbox"/> The business currently has an approved Financially Responsible Officer. Name and license number of Financially Responsible Officer: _____ | |
| <input type="checkbox"/> The business will appoint a Financially Responsible Officer. Name of proposed Financially Responsible Officer who will be submitting the CILB 8 application: _____ | |
| <input type="checkbox"/> The business will not designate a Financially Responsible Officer. As primary qualifying agent I will assume financial responsibility for the business organization. | |

Section VII – Secondary Qualifier Information (Optional) (Not required if applying for Individual status)

| SECONDARY QUALIFIER | |
|--|---------------------------------|
| Name of person legally appointed as a secondary qualifier and is responsible only for the supervision of fieldwork at sites where his or her license was used to obtain the building permit and any other work for which he or she accepts responsibility (this must be the applicant or a licensed contractor): | |
| Secondary Qualifying Agent Name: | License Number (if applicable): |
| A secondary qualifying agent is not responsible for the supervision of financial matters. | |

Section VIII – Business Ownership (Not required if applying for Individual status)

| BUSINESS OWNERSHIP | | | |
|---|---------|----------------------------|----------------|
| List below the business owners and the percentage of ownership for each. The total must equal 100%. Attach additional copies as necessary. | | | |
| Name of Owner | Address | Social Security #/ FEID | % of ownership |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Section IX – Financial Responsibility & Stability Requirements

| FINANCIAL RESPONSIBILITY & STABILITY See Section 2(i) of Instructions for information on completing this section. | |
|---|--------------------|
| <ul style="list-style-type: none"> • 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). <p style="margin-left: 40px;">Does the submitted credit report show a credit score of 660 or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;">If no, the financial stability requirement must be met by providing proof of completion of an approved 14-hour financial responsibility course.</p> | |
| <p>Have you completed a financial responsibility course approved by the Construction Industry Licensing Board? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please complete the fields below.</p> | |
| School Name: | School Provider #: |
| Name of Course: | |
| Date(s) Attended: | |

Section X – Background Questions

| BACKGROUND QUESTIONS |
|---|
| Instructions: |
| The Applicant and Authorized Representative(s) of the business must answer the background questions in this section. |
| <p>Authorized Representative(s) of the business are any of the following:</p> <ul style="list-style-type: none"> • All officers and directors (if qualified business is a corporation or any other business entity with officers and directors) • All members and managers (if qualified business is a LLC) • All partners (If qualified business is a partnership) • All members (if qualified business is a business entity other than those described above) <p>NOTE: Accuracy of Authorized Representative(s) of the business may be checked on the Florida Division of Corporations website www.sunbiz.org.</p> |
| <p>If YES to questions 1 or 2, please complete section XI. If YES to questions 3 or 4, please complete section XII.</p> |
| <p>1. 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 MAY 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.</p> |
| <p>2. 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.</p> |
| <p>3. 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?</p> |
| <p>4. Have you ever had any license, registration, or permit to practice any regulated profession, occupation, vocation, or business, revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?</p> |

Section X – Background Questions– continued

| Person # | Indicate each response by checking “Yes” or “No” | Question Number. | | | |
|----------|--|---|---|---|---|
| | | 1 | 2 | 3 | 4 |
| 1 | Applicant – Print Name | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 2 | Authorized Representative – Print Name | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 3 | Authorized Representative – Print Name | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 4 | Authorized Representative – Print Name | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 5 | Authorized Representative – Print Name | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 6 | Authorized Representative – Print Name | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 7 | Authorized Representative – Print Name | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 8 | Authorized Representative – Print Name | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Social Security #: | | | | |

If you answered “YES” to any question in questions 1 – 4 above, please refer to Sections 2(j-l) of Instructions for detailed instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section XI for your response to questions 1 and 2, and complete Section XII for your response to questions 3 and 4. If you have more than three offenses to document in Section XI or more than two offenses in Section XII, attach additional pages as necessary.

Section XI – Explanations for “Yes” answers to Questions 1-2 – Attach additional copies as necessary

| EXPLANATION | | |
|--|--------|--|
| This explanation relates to person # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> _____ | | This explanation relates to question # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| Offense: | | |
| County: | State: | Date of Offense (mm/dd/yyyy): |
| Penalty/ Disposition: | | Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description: | | |
| | | |
| | | |
| | | |

Section XI – Explanations for “Yes” answers to Questions 1-2 – continued

| EXPLANATION | | |
|---|--|--|
| This explanation relates to person # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> ____ | This explanation relates to question # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 | |
| Offense: | | |
| County: | State: | Date of Offense (mm/dd/yyyy): |
| Penalty/ Disposition: | | Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description: | | |
| | | |
| | | |
| | | |

| EXPLANATION | | |
|---|--|--|
| This explanation relates to person # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> ____ | This explanation relates to question # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 | |
| Offense: | | |
| County: | State: | Date of Offense (mm/dd/yyyy): |
| Penalty/ Disposition: | | Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description: | | |
| | | |
| | | |
| | | |

Section XII – Explanations for “Yes” answers to Questions 3-4 – Attach additional copies as necessary

| EXPLANATION | |
|---|--|
| This explanation relates to person # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> ____ | This explanation relates to question # (check one): <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| State/Jurisdiction: | Application Type/License Number: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Section XII – Explanations for “Yes” answers to Questions 3-4 – continued

| EXPLANATION | |
|--|--|
| This explanation relates to person # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> _____ | This explanation relates to question # (check one): <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| State/Jurisdiction: | Application Type/License Number: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Section XIII – Affirmation by Written Declaration

| 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: | |

State of Florida
Department of Business and Professional Regulation
Construction Industry Licensing Board
Application for Certification by Reciprocity
Form # DBPR CILB 32

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.

All License Applicants:

1. Must select one method of qualification and meet the requirements of that method of qualification.
2. Must submit electronic fingerprints.
 - a. Pursuant to Chapter 455, Florida Statutes, electronic fingerprinting is mandatory for all Construction Initial License, Initial Business, Additional Business, Transfer (Change of Status), Endorsement, and Reciprocity 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.
 - b. Electronic Fingerprinting is located at various convenient sites throughout the state. See <http://www.myfloridalicense.com/DBPR/fingerprinting/> for more information.

Application Instructions (by section)

1. Section I- Application Type

- a. Individual Certified License
 - i. Select this application type if you plan to conduct business as an individual with this license.
 - ii. Complete sections I through III, section IV if required, and sections IX through XIII.
- b. Certified License and Qualify a Business
 - i. Select this application type if you plan to qualify a business entity with this license.
 - ii. Complete sections I through III, section IV if required, and sections V through XIII.
- c. Select the license category you wish to be licensed in. You may only select one license category.
- d. You must select this box affirming that you have taken an exam covering the Florida Building Code.

2. Section II- Applicant Personal Information

- a. 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.
- b. 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.
- c. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- d. 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.
- e. 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.
- f. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
- g. 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.
- h. 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.

3. Section III – Insurance Coverage

- a. Complete this section entirely.
- b. Applicants must have adequate workers' compensation and liability insurance as specified by the Construction Industry Licensing Board.

- i. Amounts for general liability insurance are specified in the application. Amounts for workers' compensation insurance are outlined in [Chapter 440, Florida Statutes](#).
- ii. See [Section 489.115\(5\)\(a\), Florida Statutes](#), and [Rule 61G4-15.003, F.A.C.](#) for more information.
- c. 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.

4. Section IV – Qualifications for Certified License

Note: One year of experience is equal to 2000 hours.

- a. List at least one year of experience in the new construction of a structure at least 4 stories tall.
 - i. Provide the name and address of your employer.
 - ii. Provide the dates of your employment with that employer.
 - iii. Provide a phone number for the employer.
 - iv. Provide the license number of the employer, if applicable.
 - v. Provide the name of a contact for the employer.
 - vi. Provide an email address for the employer or the contact person for the employer.
 - vii. Provide the dates that you worked on the project you are using to provide experience.
 - viii. Provide a full description of the work performed on the project.
 - (1) Provide the project name, address, and type.
 - (2) Provide a full description of the experience and work you performed on the project. Specify the height, square footage, materials, methods, systems, etc.
 - ix. Indicate the total time of experience as a worker and foreman from your employment history.
 - x. Use additional copies of the employment history section as necessary.

5. Section V- Business to be Qualified Information

- a. Complete this section entirely.
- b. Provide the name of the business to be qualified as it is registered with the Florida Division of Corporations.
- c. The “Doing Business As” (D/B/A) name must be provided as it is registered with the Florida Division of Corporations, if the business uses a fictitious name to conduct business.
- d. Applicants must provide the Federal Employer Identification Number (FEID) for the business to be qualified.
- e. Select the box that indicates the type of business ownership for the business to be qualified.
- f. Applicants must state whether the business to be qualified is already qualified by another contractor. If so, provide the qualifying contractor’s name and license number in the spaces provided.
- g. Applicants must provide the business mailing address of the business to be qualified.
- h. Business contact information is often used to quickly resolve questions with applications by telephone call or email. Please provide the name of an authorized representative of the business other than the primary qualifier. This could be an officer, a partner, etc. If the business is a Sole Proprietorship, you may leave the contact information field blank.
 - i. If contact information is not provided, questions regarding applications will be mailed to the applicant’s mailing address and may take longer to resolve.
- i. Provide the business location address of the business to be qualified. If this address is the same as the mailing address you may leave this information blank.

6. Section VI- Primary Qualifier Information

- a. All construction businesses must have a primary qualifier.
- b. If this application is for a business that is not qualified by another contractor, the applicant must be the primary qualifier.
- c. If this application is for a business that is already qualified by another primary qualifier, the applicant may apply to be an additional primary qualifier or a secondary qualifier.
 - i. If you will be an additional primary qualifier, complete this section by inserting your name as the “Primary Qualifying Agent.” You will not provide a license number since it has not been issued.

- ii. If you will be a secondary qualifier, complete this section by inserting the name and license number of the “Primary Qualifying Agent”; and complete Section VI.
- iii. All primary qualifiers are jointly and equally responsible for supervision of all operations of the business organization; for all field work at all sites; and for financial matters, both for the organization in general and for each specific job.
 - (1) If the primary qualifier does not have final approval authority on all business matters, they may wish to appoint a Financially Responsible Officer. Failure to appoint a Financially Responsible Officer will result in the Primary Qualifier being financially responsible for all construction matters of the business entity.
 - (a) If the business entity has already appointed a Financially Responsible Officer, provide the name of that individual.
 - (b) If the business entity has not appointed a Financially Responsible Officer and will appoint someone to be the Financially Responsible Officer in connection with this application, provide the name of that individual (that individual must also submit the CILB 8 application form).

7. Section VII- Secondary Qualifier Information

- a. Complete this section entirely, if the applicant will be a secondary qualifier.

8. Section VIII- Business Ownership

- a. Complete this section entirely.
- b. List the name, address, Social Security number, and percentage of ownership for all persons who have an ownership interest in the business to be qualified.
 - i. If an owner of the business is a company, please list the Federal Employer Identification Number (FEID) of the owning company.
- c. The percentage of ownership for all owners together must equal 100%.

9. Section IX- Financial Responsibility & Stability Requirements

- a. Complete this section entirely.
- b. Applicants must meet financial responsibility and stability requirements by submitting a credit report with a **FICO derived credit score**.
 - i. Financial responsibility – this requirement is met if the submitted credit report shows no outstanding unsatisfied judgments or liens against the applicant.
 - (1) **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.

10. Section X- Background Questions

- a. The applicant and the authorized representative(s), as specified in the section, must submit answers to each of the background questions.
- b. For each “Yes” answer the person must provide an explanation in Section XI or XII, as applicable.
- c. The number of “Yes” boxes checked must equal the number of explanation boxes completed.
- d. If you answered “YES” to any question, please provide full explanations as required below. If you have more than three offenses to document in Section XI or more than two in Section XII, attach additional copies as necessary.

11. Section XI- Explanations for Background Questions 1 and 2

- a. For this section, provide as much detail as possible.
- b. Each explanation can only relate to one person and one question.
- c. Question 1:

- i. If you answer “yes” to this question, you must complete Section XI [*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.
 - d. Question 2:
 - i. If you answer “yes” to this question, you must complete Section XI [*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.
- 12. Section XII- Explanations for Background Questions 3 and 4**
- a. For this section, provide as much detail as possible.
 - b. Each explanation can only relate to one person and one question.
 - c. Question 3:
 - i. If you answer “yes” to this question, you must complete Section XII [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
 - ii. 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.
 - d. Question 4:
 - i. If you answer “yes” to this question, you must complete Section XII [*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.
 - ii. 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.
 - e. Submit supporting legal documentation, if necessary, with this application.
- 13. Section XIII- Affirmation by Written Declaration**
- a. Applicant 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? <input type="checkbox"/> Plea <input type="checkbox"/> Trial |
| Was adjudication withheld? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Plea <input type="checkbox"/> Trial |
| Was adjudication withheld? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of Conviction, Finding of Guilt, or Plea: |
| Date of Sentencing: |