State of Florida
Department of Business and Professional Regulation
Construction Industry Licensing Board
Application for Certified Building Demolition Specialty Contractor as an Individual
Form # DBPR CILB 5-AD

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:

- Applying for initial certification between May 1st of an EVEN year through August 31st of an ODD year - $245.

OR

- Applying for initial certification between September 1st of an ODD year through April 30th of an EVEN year - $145.
- Make check payable to the Florida Department of Business and Professional Regulation.

❑ Electronic fingerprints. See Section 1(b) of Instructions.

❑ Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable.

❑ Supporting legal documentation, if necessary. See Section 2(c) of Instructions.

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 http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_credit_reporting_agencies.pdf.

- See Section 2(i) 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.

EXAMINATION EXEMPTION

Applicants who meet the following requirements are exempt from the Florida examination:

- As of June 30, 2021, held a valid registered license or competency card in the license category sought;
- Has not had said license or competency card disciplined within the last five (5) years, and said license or competency card is not currently pending discipline; and
- Has, for the requested license type, passed a written examination that the board finds to be substantially similar to the examination required to be licensed as a certified specialty contractor.

For further instructions, please see Section 2(g) of Instructions.

Examination Exempt Applicants must also submit:

❑ Copy of local competency card.

- Must match the license category sought. If the license category does not match, please submit a copy of the scope of work.

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 Certified Building Demolition Specialty Contractor as an Individual
Form # DBPR CILB 5-AD

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

CHECK ONE OF THE APPLICATION TYPES	
❑ Individual Certified Specialty License – Active **[0612/1042]**	❑ Individual Certified Specialty License – Inactive **[0612/1034]**
❑ Select this box if you qualify for the exam exemption (*See Exam Exemption section of application*) **[0612/1033]**	

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 ❑ Male ❑ 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 (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		

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 currently known by another name (example - maiden name, 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 III – Background Questions

BACKGROUND QUESTIONS			
1.	❑ Yes (If yes, please complete Section IV)	❑ 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 IV)	❑ 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 V)	❑ 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 V)	❑ 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-e) of Instructions for detailed instructions on providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section IV for your response to questions 1 and 2, and complete Section V for your response to questions 3 and 4. If you have more than four offenses to document in Section IV or need additional sheets for Section V, attach additional pages as necessary.

Section IV – 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	

Section IV – Explanations for Background Questions 1 and 2 – continued

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 V – Explanations for Background Questions 3 and 4

EXPLANATION	
State/Jurisdiction:	Application Type/License Number:

Section VI – Qualifications for Certified License

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.** **MILITARY VETERANS:** A veteran will qualify for a certified license by meeting one 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.
TOTAL TIME OF EXPERIENCE FROM EMPLOYMENT HISTORY: ❑**Worker** _____ ❑**Foreman** _____ **The total time should equal or exceed the number of years of experience required for the method of qualification.**

Section VI – Qualifications for Certified License continued

EMPLOYMENT HISTORY **List your employment history for the years of experience required for the method of qualification you selected. (Use additional sheets as necessary).**		
1. Employer Name and Address:		Dates Employed (mm/yyyy to mm/yyyy): Employer Phone Number:
Employer License Number:	Contact Name:	Email:
Your role: ❑**Worker Number of ___yrs _____mths.** ❑**Foreman Number of ____yrs _____mths.**		

EXPERIENCE AREAS FOR THIS EMPLOYMENT PERIOD (check all that apply) **Note:** Applicants who have all the experience areas listed in Part A, through a combination of employment history, may have their experience approved by the Department. If you do not have all the experience areas listed in Part A, your experience may still be satisfactory; however, the Construction Industry Licensing Board will have to review your application to determine if you meet the experience requirements. **Please be aware your application may be referred to the Board for other reasons and the experience will be reviewed by the Board at that time.**			
Part A: Areas of experience from this employment period that demonstrate substantial compliance with statutory experience requirements:			
Experience in two or more elements in the following category:			
Demolition of Building/Structure Types:	☐ Industrial ☐ Towers & Tanks	☐ Commercial ☐ Transportation	☐ Residential ☐ Underground
Experience in eight or more elements in the following categories:			
Demolition Methods:	☐ Complete ☐ Partial	☐ Heavy Machinery ☐ Manual Machinery	☐ Interior ☐ Shoring ☐ Implosion
Demolition Support Activites:	☐ Pre-Demo Survey ☐ Environmental precautions/containment systems ☐ Supervision ☐ Utility Termination ☐ Interior containment systems		☐ Temporary Protection ☐ Debris/Waste Handling ☐ Occupational Safety & Health Precautions ☐ Adjacent property protection systems ☐ Hazardous Materials Handling
Your job title and duties on the job site(s) related to the above categories:			
Part B: Additional experience that may demonstrate substantial compliance with statutory experience requirements:			
Your job title and duties on the job site(s) related to the above categories:			

Section VI – Qualifications for Certified License continued

EMPLOYMENT HISTORY **List your employment history for the years of experience required for the method of qualification you selected. (Use additional sheets as necessary).**		
1. Employer Name and Address:		Dates Employed (mm/yyyy to mm/yyyy): Employer Phone Number:
Employer License Number:	Contact Name:	Email:
Your role: ❑**Worker Number of ___yrs _____mths.** ❑**Foreman Number of ____yrs _____mths.**		

EXPERIENCE AREAS FOR THIS EMPLOYMENT PERIOD (check all that apply) **Note:** Applicants who have all the experience areas listed in Part A, through a combination of employment history, may have their experience approved by the Department. If you do not have all the experience areas listed in Part A, your experience may still be satisfactory; however, the Construction Industry Licensing Board will have to review your application to determine if you meet the experience requirements. **Please be aware your application may be referred to the Board for other reasons and the experience will be reviewed by the Board at that time.**			
Part A: Areas of experience from this employment period that demonstrate substantial compliance with statutory experience requirements:			
Experience in two or more elements in the following category:			
Demolition of Building/Structure Types:	☐ Industrial ☐ Towers & Tanks	☐ Commercial ☐ Transportation	☐ Residential ☐ Underground
Experience in eight or more elements in the following categories:			
Demolition Methods:	☐ Complete ☐ Partial	☐ Heavy Machinery ☐ Manual Machinery	☐ Interior ☐ Shoring ☐ Implosion
Demolition Support Activites:	☐ Pre-Demo Survey ☐ Environmental precautions/containment systems ☐ Supervision ☐ Utility Termination ☐ Interior containment systems		☐ Temporary Protection ☐ Debris/Waste Handling ☐ Occupational Safety & Health Precautions ☐ Adjacent property protection systems ☐ Hazardous Materials Handling
Your job title and duties on the job site(s) related to the above categories:			
Part B: Additional experience that may demonstrate substantial compliance with statutory experience requirements:			
Your job title and duties on the job site(s) related to the above categories:			

Section VI – Qualifications for Certified License continued

EMPLOYMENT HISTORY **List your employment history for the years of experience required for the method of qualification you selected. (Use additional sheets as necessary).**		
1. Employer Name and Address:		Dates Employed (mm/yyyy to mm/yyyy): Employer Phone Number:
Employer License Number:	Contact Name:	Email:
Your role: ❑**Worker Number of ___yrs _____mths.** ❑**Foreman Number of ____yrs _____mths.**		

EXPERIENCE AREAS FOR THIS EMPLOYMENT PERIOD (check all that apply) **Note:** Applicants who have all the experience areas listed in Part A, through a combination of employment history, may have their experience approved by the Department. If you do not have all the experience areas listed in Part A, your experience may still be satisfactory; however, the Construction Industry Licensing Board will have to review your application to determine if you meet the experience requirements. **Please be aware your application may be referred to the Board for other reasons and the experience will be reviewed by the Board at that time.**				
Part A: Areas of experience from this employment period that demonstrate substantial compliance with statutory experience requirements:				
Experience in two or more elements in the following category:				
Demolition of Building/Structure Types:	☐ Industrial ☐ Towers & Tanks	☐ Commercial ☐ Transportation	☐ Residential ☐ Underground	
Experience in eight or more elements in the following categories:				
Demolition Methods:	☐ Complete ☐ Partial	☐ Heavy Machinery ☐ Manual Machinery	☐ Interior ☐ Implosion	☐ Shoring
Demolition Support Activites:	☐ Pre-Demo Survey ☐ Environmental precautions/containment systems ☐ Supervision ☐ Utility Termination ☐ Interior containment systems		☐ Temporary Protection ☐ Debris/Waste Handling ☐ Occupational Safety & Health Precautions ☐ Adjacent property protection systems ☐ Hazardous Materials Handling	
Your job title and duties on the job site(s) related to the above categories:				
Part B: Additional experience that may demonstrate substantial compliance with statutory experience requirements:				
Your job title and duties on the job site(s) related to the above categories:				

Section VII – Exam Exemption

EXAM EXEMPTION
See Section 2(g) of Instructions for information on completing this section.

1. As of June 30, 2021, did you hold a valid registered local license or competency card in any Florida Jurisdiction in the license category sought? ❑ Yes ❑ No

2. Did you pass a written examination that complies with Rule 61G4-16.009(5)(c), F.A.C., to obtain the competency card? ❑ Yes ❑ No

If you answer "Yes" to both questions, you MUST submit a copy of your local license or competency card.

If you answer "No" to either question OR you cannot submit a copy of your competency card, you MUST take and pass the Florida examination.

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

FINANCIAL RESPONSIBILITY & STABILITY
Do not complete this section if you selected Inactive in Section I.
See Section 2(i) 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 X – 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:	

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

a. Definition of "Certified Contractor"

i. Any contractor who possesses a certificate of competency issued by the Department and who shall be allowed to contract in any jurisdiction in the state without being required to fulfill the competency requirements of that jurisdiction.

b. All License Applicants:

i. Must select one method of qualification and meet the requirements of that method of qualification.

ii. 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 located at various convenient sites throughout the state. See http://www.myfloridalicense.com/dbpr/servop/testing/documents/finger_faq.pdf for more information.

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(b) 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(b) above.

(3) Complete sections I-VII and X only.

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. 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.

iii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.

iv. 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.

v. 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.

vi. Active applicants are required to provide the address of their business location.

vii. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.

viii. 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.

ix. 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.

c. Section III- 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 IV or V, as applicable.

d. Section IV- Explanations for Background Questions 1 and 2

i. For these sections, provide as much detail as possible.

ii. Question 1:

(1) If you answer "yes" to this question, you must complete Section IV [*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 IV [*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.

e. Section V- Explanations for Background Questions 3 and 4

i. For these sections, provide as much detail as possible.

ii. Question 3:

(1) If you answer "yes" to this question, you must complete Section V [*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 V [*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.

f. Section VI- Qualifications for Certified License

i. Definition of "foreman"

(1) Person who is in charge of a group of workers and usually is responsible to a superintendent or a contractor or his or her equivalent

ii. Definition of "worker"

(1) A person who through active experience as a worker has learned the trade by serving an apprenticeship as a skilled worker who is able to command the rate of a mechanic in the particular trade.

iii. Definition of "accredited college-level course"

(1) This refers to academic credit from an accredited college. All junior college or community college-level courses shall be considered accredited college-level courses.

iv. Method of Qualification. Applicant must select one of the following methods of qualification:

(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.

(a) Definition of "construction-related degree", a baccalaureate degree from an accredited four-year college in the appropriate field of engineering, architecture, or building construction.

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

v. Indicate the total time of experience as a worker and foreman from your employment history.

(a) Note: the total time should equal or exceed the number of years of experience required for the qualification method selected in Method of Qualification.

vi. List your employment history for the years of experience required for the method of qualification you selected.

(1) Provide the name and address of your employer.

(2) Provide the dates of your employment with that employer.

(3) Provide a phone number for the employer.
(4) Include the employer's license number.
(5) Provide the name of a contact person for the employer.
(6) Provide an email address for the employer or the contact person for the employer.
(7) Select whether work experience with that employer was as a worker or a foreman and indicate how many years (yrs) and months (mths) you worked in that capacity.
(a) If you worked as both a worker and foreman for that employer, please check both boxes and indicate the amount of time you worked in each capacity.
(8) Select the areas in which you gained experience during your employment history
(9) Provide your job title and duties on the job site(s).
(10) Use additional copies of this sheet as necessary.

g. Section VII – Exam Exemption

i. Complete this section if you meet the following examination exemption requirements of Rule 61G4-16.009, F.A.C.
(1) Previously held a valid local license or competency card in any Florida jurisdiction as of June 30, 2021;
(2) Has not had said license or competency card disciplined within the last five (5) years, and said license or competency card is not currently pending discipline; and
(3) Passed a written examination that complies with Rule 61G4-16.009(5)(c), F.A.C. to obtain said license or competency card.
ii. **Applicants who DO NOT meet the above requirements must take and pass the Florida examination**.

h. Section VIII- 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.

i. Section IX- 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.

j. Section X- Affirmation by Written Declaration

i. 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? ❑ 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: