

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 \$245.00 to \$145.00 if you are applying between May 1<sup>st</sup> of an even year through August 31<sup>st</sup> of an odd year.
- from \$145.00 to \$95.00 if you are applying between September 1<sup>st</sup> of an odd year through April 30<sup>th</sup> of an even year.

If you are applying between May<sup>st</sup> of an even year through August 31<sup>st</sup> of an odd year, please submit payment in the amount of \$145.00 with this application.

If you are applying between September 1<sup>st</sup> of an odd year through April 30<sup>th</sup> of an even year, please submit payment in the amount of \$95.00 with this application.

**State of Florida**  
**Department of Business and Professional Regulation**  
**Construction Industry Licensing Board**  
**Application for Certified Plumbing Contractor as an Individual**  
**Form # DBPR CILB 5-M**

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

<b>APPLICATION REQUIREMENTS</b>
<p><b>ALL License Applicants must submit:</b></p> <p><input type="checkbox"/> Fees:</p> <ul style="list-style-type: none"> <li>• Applying for initial certification between May 1<sup>st</sup> of an EVEN year through August 31<sup>st</sup> of an ODD year - \$245.</li> <li style="text-align: center;"><b>OR</b></li> <li>• Applying for initial certification between September 1<sup>st</sup> of an ODD year through April 30<sup>th</sup> of an EVEN year - \$145.</li> <li>• Make check payable to the Florida Department of Business and Professional Regulation.</li> </ul> <p><input type="checkbox"/> Electronic fingerprints. See Section 1(b) of Instructions.</p> <p><input type="checkbox"/> Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable.</p> <p><input type="checkbox"/> Supporting legal documentation, if necessary. See Section 2(c) of Instructions.</p> <p><b>ACTIVE License Applicants must also submit:</b></p> <p><input type="checkbox"/> <b>Credit report containing a credit score (FICO derived)</b> 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 <a href="http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_credit_reporting_agencies.pdf">http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_credit_reporting_agencies.pdf</a>.</p> <ul style="list-style-type: none"> <li>• See Section 2(i) of Instructions.</li> <li>• <b>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:</b> <a href="http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_approved_financial_responsibility_courses.pdf">http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_approved_financial_responsibility_courses.pdf</a></li> </ul> <p><input type="checkbox"/> <b>Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable.</b></p>

**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 Plumbing Contractor as an Individual  
 Form # DBPR CILB 5-M**

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	
<input type="checkbox"/> Individual Certified License – Active <b>[0604/1042]</b>	<input type="checkbox"/> Individual Certified License – Inactive <b>[0604/1034]</b>

**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		
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? <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 – Background Questions**

<b>BACKGROUND QUESTIONS</b>		
1.	<input type="checkbox"/> Yes (If yes, please complete Section IV)	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes (If yes, please complete Section IV)	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes (If yes, please complete Section V)	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes (If yes, please complete Section V)	<input type="checkbox"/> 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**

<b>EXPLANATION</b>	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	



**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**

<b>EMPLOYMENT HISTORY</b>		
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:		
<input type="checkbox"/> Worker    Number of <u>    </u> yrs <u>    </u> mths. <input type="checkbox"/> Foreman    Number of <u>    </u> yrs <u>    </u> mths.		
<b>EXPERIENCE AREAS FOR THIS EMPLOYMENT PERIOD (check all that apply)</b>		
<b>Note:</b> Applicants who have <u>all</u> the experience areas listed in Part A, and a majority of the experience areas listed in Part B, through a combination of employment history, may have their experience approved by the Department. If you do not have <u>all</u> the experience areas listed in Part A and a majority of the experience areas in Part B, 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. <b>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.</b>		
<b>Part A: Areas of experience from this employment period that demonstrate substantial compliance with statutory experience requirements:</b>		
<b>Installation of:</b>		
<input type="checkbox"/> Waste Piping	<input type="checkbox"/> Sanitary Drainage	
<input type="checkbox"/> Water Distribution Lines/Systems	<input type="checkbox"/> Drainage Venting	
<input type="checkbox"/> Natural Gas and Liquid Petroleum Piping and Venting Systems		
<b>Your job title and duties on the job site(s) related to the above categories:</b>		
<b>Part B: Additional experience that may demonstrate substantial compliance with statutory experience requirements:</b>		
<b>Maintenance and Repair of:</b>		
<input type="checkbox"/> Waste Piping	<input type="checkbox"/> Sanitary Drainage	
<input type="checkbox"/> Water Distribution Lines/Systems	<input type="checkbox"/> Chemical Waste Drainage	
<input type="checkbox"/> Industrial Water Drainage	<input type="checkbox"/> Drainage Venting	
<input type="checkbox"/> Medical Gas Piping (Oxygen, Helium, Nitrous Oxide, Compressed Air, Vacuum)		
<b>Industrial Piping:</b>	<input type="checkbox"/> Industrial Gas Piping	<input type="checkbox"/> Industrial Vacuum Piping <input type="checkbox"/> Steam Distribution
	<input type="checkbox"/> Oil and Gasoline Storage and Distribution	<input type="checkbox"/> Sewage Disposal Systems (Septic Tanks, Pumps, Lift Stations, and Interceptors)
<input type="checkbox"/> Solar Water Heating Systems		<input type="checkbox"/> Water Wells
<input type="checkbox"/> Swimming Pool Piping Systems		
<b>Your job title and duties on the job site(s) related to the above categories:</b>		

**Section VI – Qualifications for Certified License continued**

<b>EMPLOYMENT HISTORY</b>		
<b>List your employment history for the years of experience required for the method of qualification you selected. (Use additional sheets as necessary).</b>		
1. Employer Name and Address:	Dates Employed (mm/yyyy to mm/yyyy):	
	Employer Phone Number:	
Employer License Number:	Contact Name:	Email:
Your role:		
<input type="checkbox"/> Worker    Number of ___ yrs ___ mths. <input type="checkbox"/> Foreman    Number of ___ yrs ___ mths.		
<b>EXPERIENCE AREAS FOR THIS EMPLOYMENT PERIOD (check all that apply)</b>		
<b>Note:</b> Applicants who have <b>all</b> the experience areas listed in Part A, and a majority of the experience areas listed in Part B, through a combination of employment history, may have their experience approved by the Department. If you do not have <b>all</b> the experience areas listed in Part A and a majority of the experience areas in Part B, 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. <b>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.</b>		
<b>Part A: Areas of experience from this employment period that demonstrate substantial compliance with statutory experience requirements:</b>		
<b>Installation of:</b>		
<input type="checkbox"/> Waste Piping	<input type="checkbox"/> Sanitary Drainage	
<input type="checkbox"/> Water Distribution Lines/Systems	<input type="checkbox"/> Drainage Venting	
<input type="checkbox"/> Natural Gas and Liquid Petroleum Piping and Venting Systems		
<b>Your job title and duties on the job site(s) related to the above categories:</b>		
<b>Part B: Additional experience that may demonstrate substantial compliance with statutory experience requirements:</b>		
<b>Maintenance and Repair of:</b>		
<input type="checkbox"/> Waste Piping	<input type="checkbox"/> Sanitary Drainage	
<input type="checkbox"/> Water Distribution Lines/Systems	<input type="checkbox"/> Chemical Waste Drainage	
<input type="checkbox"/> Industrial Water Drainage	<input type="checkbox"/> Drainage Venting	
<input type="checkbox"/> Medical Gas Piping (Oxygen, Helium, Nitrous Oxide, Compressed Air, Vacuum)		
<b>Industrial Piping:</b>	<input type="checkbox"/> Industrial Gas Piping <input type="checkbox"/> Industrial Vacuum Piping <input type="checkbox"/> Steam Distribution <input type="checkbox"/> Oil and Gasoline Storage and Distribution <input type="checkbox"/> Sewage Disposal Systems (Septic Tanks, Pumps, Lift Stations, and Interceptors)	
<input type="checkbox"/> Solar Water Heating Systems		<input type="checkbox"/> Water Wells
<input type="checkbox"/> Swimming Pool Piping Systems		
<b>Your job title and duties on the job site(s) related to the above categories:</b>		

Section VI – Qualifications for Certified License continued

<b>EMPLOYMENT HISTORY</b>		
<b>List your employment history for the years of experience required for the method of qualification you selected. (Use additional sheets as necessary).</b>		
1. Employer Name and Address:		Dates Employed (mm/yyyy to mm/yyyy):
		Employer Phone Number:
Employer License Number:	Contact Name:	Email:
Your role: <input type="checkbox"/> Worker Number of ___ yrs ___ mths. <input type="checkbox"/> Foreman Number of ___ yrs ___ mths.		
<b>EXPERIENCE AREAS FOR THIS EMPLOYMENT PERIOD (check all that apply)</b>		
<b>Note:</b> Applicants who have <u>all</u> the experience areas listed in Part A, and a majority of the experience areas listed in Part B, through a combination of employment history, may have their experience approved by the Department. If you do not have <u>all</u> the experience areas listed in Part A and a majority of the experience areas in Part B, 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. <b>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.</b>		
<b>Part A: Areas of experience from this employment period that demonstrate substantial compliance with statutory experience requirements:</b>		
<b>Installation of:</b>		
<input type="checkbox"/> Waste Piping	<input type="checkbox"/> Sanitary Drainage	
<input type="checkbox"/> Water Distribution Lines/Systems	<input type="checkbox"/> Drainage Venting	
<input type="checkbox"/> Natural Gas and Liquid Petroleum Piping and Venting Systems		
<b>Your job title and duties on the job site(s) related to the above categories:</b>		
<b>Part B: Additional experience that may demonstrate substantial compliance with statutory experience requirements:</b>		
<b>Maintenance and Repair of:</b>		
<input type="checkbox"/> Waste Piping	<input type="checkbox"/> Sanitary Drainage	
<input type="checkbox"/> Water Distribution Lines/Systems	<input type="checkbox"/> Chemical Waste Drainage	
<input type="checkbox"/> Industrial Water Drainage	<input type="checkbox"/> Drainage Venting	
<input type="checkbox"/> Medical Gas Piping (Oxygen, Helium, Nitrous Oxide, Compressed Air, Vacuum)		
<b>Industrial Piping:</b>	<input type="checkbox"/> Industrial Gas Piping	<input type="checkbox"/> Industrial Vacuum Piping <input type="checkbox"/> Steam Distribution
	<input type="checkbox"/> Oil and Gasoline Storage and Distribution	<input type="checkbox"/> Sewage Disposal Systems (Septic Tanks, Pumps, Lift Stations, and Interceptors)
<input type="checkbox"/> Solar Water Heating Systems		<input type="checkbox"/> Water Wells
<input type="checkbox"/> Swimming Pool Piping Systems		
<b>Your job title and duties on the job site(s) related to the above categories:</b>		

**Section VII – Insurance Coverage – Active Applicants Only**

INSURANCE
<b>Do not complete this section if you selected Inactive in Section I.</b>
<p><b>Minimum amounts required for General Liability insurance:</b>                      General and Building Contractors - \$300,000 public liability; \$50,000 property damage                      All other categories - \$100,000 public liability; \$25,000 property damage</p>
<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</p> <p>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</p>

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

FINANCIAL RESPONSIBILITY & STABILITY							
<b>Do not complete this section if you selected Inactive in Section I.</b>							
<b>See Section 2(i) of Instructions for information on completing this section.</b>							
<ul style="list-style-type: none"> <li>• <b>CREDIT REPORT</b> 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).</li> <li>• <b>FINANCIAL RESPONSIBILITY &amp; STABILITY REQUIREMENTS</b> Financial responsibility &amp; 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).</li> </ul> <p style="text-align: center;"><b>Does the submitted credit report show a credit score of 660 or higher?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, the financial stability requirement must be met by providing proof of completion of an approved 14-hour financial responsibility course.</p>							
<p><b>Have you completed a financial responsibility course approved by the Construction Industry Licensing Board?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please complete the fields below.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding: 2px;">School Name:</td> <td style="width: 50%; border-bottom: 1px solid black; padding: 2px;">School Provider #:</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; padding: 2px;">Name of Course:</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; padding: 2px;">Date(s) Attended:</td> </tr> </table>		School Name:	School Provider #:	Name of Course:		Date(s) Attended:	
School Name:	School Provider #:						
Name of Course:							
Date(s) Attended:							

**Section IX – Affirmation by Written Declaration**

AFFIRMATION BY WRITTEN DECLARATION	
<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. <b>I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</b></p>	
Signature:	Date:
Print Name:	

## INSTRUCTIONS

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.

### 1. General Requirements 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](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-VI and IX 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 4-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- Insurance Coverage- Active Status Applicants Only**

- i. Complete this section entirely.
- ii. Applicants must have adequate workers' compensation and liability insurance as specified 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- Affirmation by Written Declaration**

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

## VOLUNTARY CRIMINAL HISTORY INFORMATION:

Beginning October 1<sup>st</sup>, 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: