**State of Florida**
**Department of Business and Professional Regulation**
**Construction Industry Licensing Board**
**Application for Certified Class-A Air Conditioning Contractor Qualifying an Additional Business Entity**
**Form # DBPR CILB 7-G**

**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:<br>• Applying for initial certification between May 1st of an EVEN year through August 31st of an ODD year - $245.<br>**OR**<br>• Applying for initial certification between September 1st of an ODD year through April 30th of an EVEN year - $145.<br>• Make check payable to the Florida Department of Business and Professional Regulation. |
| ❑ **Credit report containing a credit score** 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.<br>• See Section 2(h) of Instructions.<br>• **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 |
| ❑ **Credit report on PRESENTLY qualified business and PROPOSED qualified business** 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. |
| ❑ Electronic fingerprints. See Section 1(b)(ii) of Instructions. |
| ❑ Supporting legal documentation, if necessary. See Section 2(j) of Instructions. |
| ❑ Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable. |

**Please mail your completed application, documentation and required fee(s) to:**
Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783

**State of Florida**
**Department of Business and Professional Regulation**
**Construction Industry Licensing Board**
**Application for Certified Class-A Air Conditioning Contractor Qualifying an Additional Business Entity**
**Form # DBPR CILB 7-G**

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** |
|---|
| ❑ Certified License – Qualify an Additional Business Entity. **Complete entire application. [0601/1044]** |
| ❑ Certified License – Qualifying an Additional Business Entity as Individual. **Complete Section I-IV and VIII-XIII only. [0601/1045]** |
| **NOTE: If applying with a Financially Responsible Officer, the proposed Financially Responsible Officer must submit the CILB 8 application.** |

**Section II** – **Applicant Personal Information**

| **PERSONAL INFORMATION** | | | | |
|---|---|---|---|---|
| Social Security Number* | | | | |
| FULL LEGAL NAME | | | | |
| Last Name | First | Middle | Title | Suffix |
| Birth Date (MM/DD/YYYY)<br>/ / | Gender<br>❑ 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**

| 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, pseudonym, nickname) or alias other than the name signed to the application? ❑ Yes ❑ No<br>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 |

| **ADDITIONAL BUSINESS ORGANIZATION INFORMATION** | |
|---|---|
| List any additional businesses that you currently qualify: | |
| **License Number** | **Name of Business** |
| **1.** | |
| **2.** | |
| **3.** | |
| **4.** | |
| **5.** | |

**Section III – 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.**

❑ 6. "**Upgrade Method**". An air-conditioning Class B contractor holding an active current license for a minimum of 1 year in the classification in which he or she is certified or an air-conditioning Class C contractor holding an active current license for a minimum of 4 years 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(c)(iv)(6) of Instructions for more information.

If checked, License # : _____ ❑ Class B ❑ Class C

**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 III – 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:**

**Installation of:**

☐ Systems in excess of 25 tons of cooling and 500,000 BTU heating capacity (one year of experience)

☐ Air Conditioning Equipment ☐ Heating Equipment

☐ Refrigeration Equipment ☐ Sheet Metal Ductwork

**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:**

**Maintenance and Repair of:**

☐ Systems in excess of 25 tons of cooling and 500,000 BTU heating capacity

☐ Air Conditioning Equipment ☐ Heating Equipment

☐ Refrigeration Equipment ☐ Sheet Metal Ductwork

**Your job title and duties on the job site(s) related to the above categories:**

**Section III – 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:**

**Installation of:**

☐ Systems in excess of 25 tons of cooling and 500,000 BTU heating capacity (one year of experience)

☐ Air Conditioning Equipment ☐ Heating Equipment

☐ Refrigeration Equipment ☐ Sheet Metal Ductwork

**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:**

**Maintenance and Repair of:**

☐ Systems in excess of 25 tons of cooling and 500,000 BTU heating capacity

☐ Air Conditioning Equipment ☐ Heating Equipment

☐ Refrigeration Equipment ☐ Sheet Metal Ductwork

**Your job title and duties on the job site(s) related to the above categories:**

*Applicants should allow an additional 60 days following Central Intake's acknowledgment of a completed application in order to attend the required Board appearance. The Board appearance may be excused if the applicant owns 20% or more of the proposed business or demonstrates unequivocally that the applicant is a W2 employee of the proposed business. All applications to qualify an additional business organization that will result in the applicant qualifying three (or more) business must appear before the Board, regardless of ownership or employee status.*

**Section IV – Information on Business Presently Qualified**
**NOTE: If you qualify more than one present business, attach additional copies for each separate business.**

| **BUSINESS PRESENTLY QUALIFIED** | |
|---|---|
| Business Name: | |
| Doing Business As (D/B/A): | Federal Employer ID Number (FEID): |
| Business Type: ❑ Sole Proprietor ❑ LLC ❑ Corporation ❑Partnership<br>❑Other (please specify): _____ | |
| What percentage of ownership do you have in the PRESENTLY qualified business?<br>_____% of PRESENTLY qualified business. | |
| Are you the Primary Qualifier for this company?<br>❑ **YES** ❑ **NO** | License number you use to qualify this company: |
| If there are additional qualifiers for this company, please provide their name(s) and license number(s) in the boxes below: | |
| Qualifier Name: | License Number: |
| Qualifier Name: | License Number: |
| Qualifier Name: | License Number: |
| Qualifier Name: | License Number: |
| Does the company have a Financially Responsible Officer? ❑ **YES** ❑ **NO**<br><br>If **YES,** please provide the name and license number of the Financially Responsible Officer appointed below.<br><br>**Name of Financially Responsible Officer: _____** | |

**Section V – Information on Business Proposed to be Qualified**

| BUSINESS PROPOSED TO BE QUALIFIED | | | |
|---|---|---|---|
| Business Name: | | | |
| Doing Business As (D/B/A): | | Federal Employer ID Number (FEID): | |
| Business Type: ❑ Sole Proprietor ❑ LLC ❑ Corporation ❑Partnership ❑Other (please specify): _____ | | | |
| Is this business already qualified? ❑ **YES** ❑ **NO**<br>If so, provide the License Number(s) under which the business is qualified: | | | |
| Qualifier Name: | License Number: | | |
| 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 | | |
| QUALIFIER PAYMENT | | | |
| How will you supervise the business you PROPOSE to qualify (per Board Rule, supervision is demonstrated by one of the following)?<br>❑ Ownership – I own 20% or greater of the PROPOSED qualified business.<br>❑ Salary – I am an employee receiving a W2 from the PROPOSED qualified business.<br>❑ Other – Explain below how the PROPOSED qualified business is supervised and detail the supervisory structure of the PROPOSED business, including the method of payment for the applicant: | | | |

**Section V – Information on Business Proposed to be Qualified– continued**

| 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** |
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**Section VI – Primary Qualifier Information**

| 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 boxes below relating to the financial responsibility of the proposed business:

- ❑ The business currently has an approved Financially Responsible Officer.
  **Name and license number of Financially Responsible Officer: _____**
- ❑ The business will appoint a Financially Responsible Officer.
  **Name of proposed Financially Responsible Officer who will be submitting the CILB 8 application: _____**
- ❑ 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)**

| 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 – Financial Responsibility & Stability Requirements**

**FINANCIAL RESPONSIBILITY & STABILITY**
**See Section 2(h) of Instructions for information on completing this section.**

- **CREDIT REPORT**
  The applicant must submit a credit report containing a credit score (FICO derived) from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state, and federal levels. (See Instructions for more information).
- **FINANCIAL RESPONSIBILITY & STABILITY REQUIREMENTS**
  Financial responsibility & stability can be demonstrated by a credit score of 660 or higher and no unsatisfied judgments or liens. (See Rule 61G4-15.006, Florida Administrative Code for details).

  **Does the submitted credit report show a credit score of 660 or higher? ❑ Yes ❑ No**

  If no, the financial stability requirement must be met by providing proof of completion of an approved 14-hour financial responsibility course.

**Have you completed a financial responsibility course approved by the Construction Industry Licensing Board? ❑ Yes ❑ No**

If yes, please complete the fields below.

| School Name: | School Provider #: |
|---|---|
| Name of Course: | |
| Date(s) Attended: | |

**Section IX – Insurance Coverage**

**INSURANCE**

**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 X– Background Questions for Business to be Qualified**

| **BACKGROUND QUESTIONS**<br>**Instructions:** |
|---|
| **The Applicant and Authorized Representative(s) of the <u>PROPOSED</u> business must answer the background questions in this section.**<br><br>**Authorized Representative(s) of the business are any of the following:**<br>• **All officers and directors (if qualified business is a corporation or any other business entity with officers and directors)**<br>• **All members and managers (if qualified business is a LLC)**<br>• **All partners (If qualified business is a partnership)**<br>• **All members (if qualified business is a business entity other than those described above)**<br>**<u>NOTE</u>: Accuracy of Authorized Representative(s) of the business may be checked on the Florida Division of Corporations website www.sunbiz.org.** |
| **If YES to questions 1 or 2, please complete section XI.**<br>**If YES to questions 3 or 4, please complete section XII.** |
| 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. |
| 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. |
| 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? |
| 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? |

**Section X – Background Questions– continued**

| Person # | Indicate each response by checking "Yes" or "No" | Question Number 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1 | **Applicant** – Print Name<br>Social Security #: | ❑Yes ❑No | ❑Yes ❑No | ❑Yes ❑No | ❑Yes ❑No |
| 2 | **Authorized Representative** – Print Name<br>Social Security #: | ❑Yes ❑No | ❑Yes ❑No | ❑Yes ❑No | ❑Yes ❑No |
| 3 | **Authorized Representative** – Print Name<br>Social Security #: | ❑Yes ❑No | ❑Yes ❑No | ❑Yes ❑No | ❑Yes ❑No |
| 4 | **Authorized Representative** – Print Name<br>Social Security #: | ❑Yes ❑No | ❑Yes ❑No | ❑Yes ❑No | ❑Yes ❑No |
| 5 | **Authorized Representative** – Print Name<br>Social Security #: | ❑Yes ❑No | ❑Yes ❑No | ❑Yes ❑No | ❑Yes ❑No |
| 6 | **Authorized Representative** – Print Name<br>Social Security #: | ❑Yes ❑No | ❑Yes ❑No | ❑Yes ❑No | ❑Yes ❑No |
| 7 | **Authorized Representative** – Print Name<br>Social Security #: | ❑Yes ❑No | ❑Yes ❑No | ❑Yes ❑No | ❑Yes ❑No |
| 8 | **Authorized Representative** – Print Name<br>Social Security #: | ❑Yes ❑No | ❑Yes ❑No | ❑Yes ❑No | ❑Yes ❑No |
| 9 | **Authorized Representative** – Print Name<br>Social Security #: | ❑Yes ❑No | ❑Yes ❑No | ❑Yes ❑No | ❑Yes ❑No |
| 10 | **Authorized Representative** – Print Name<br>Social Security #: | ❑Yes ❑No | ❑Yes ❑No | ❑Yes ❑No | ❑Yes ❑No |

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 copies 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):<br>❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ ____ | This explanation relates to question # (check one):<br>❑ 1 ❑ 2 | |
| Offense: | | |
| County: | State: | Date of Offense (mm/dd/yyyy): |
| Penalty/ Disposition: | | Have all sanctions been satisfied?<br>❑ Yes ❑ No |
| Description: | | |
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| EXPLANATION | | |
|---|---|---|
| This explanation relates to person # (check one):<br>❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ ____ | This explanation relates to question # (check one):<br>❑ 1 ❑ 2 | |
| Offense: | | |
| County: | State: | Date of Offense (mm/dd/yyyy): |
| Penalty/ Disposition: | | Have all sanctions been satisfied?<br>❑ Yes ❑ No |
| Description: | | |
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| EXPLANATION | | |
|---|---|---|
| This explanation relates to person # (check one):<br>❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ ____ | This explanation relates to question # (check one):<br>❑ 1 ❑ 2 | |
| Offense: | | |
| County: | State: | Date of Offense (mm/dd/yyyy): |
| Penalty/ Disposition: | | Have all sanctions been satisfied?<br>❑ Yes ❑ No |
| Description: | | |
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**Section XII – Explanations for "Yes" answers to Questions 3-4 – Attach additional copies as necessary**

| EXPLANATION | |
|---|---|
| This explanation relates to person # (check one):<br>❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ ____ | This explanation relates to question # (check one):<br>❑ 3 ❑ 4 |
| State/Jurisdiction: | Application Type/License Number: |
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| EXPLANATION | |
|---|---|
| This explanation relates to person # (check one):<br>❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ ____ | This explanation relates to question # (check one):<br>❑ 3 ❑ 4 |
| State/Jurisdiction: | Application Type/License Number: |
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**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: | |

**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. Certified License – Qualify an Additional Business Entity.

(1) Select this application type if you will qualify more than one business entity, AND

(2) You meet the requirements outlined in 1(b) above.

(3) Complete entire application.

ii. Certified License – Qualify an Additional Business Entity as an Individual.

(1) Select this application type if you will qualify more than one business entity, AND

(2) You meet the requirements outlined in 1(b) above.

(3) Complete Sections I-IV and VIII-XIII of the application.

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

vii. 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.

viii. 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.

ix. Applicants are required to list any additional businesses that they qualify. Please provide the license number that is qualifying the business and the name of each additional business that is already qualified.

**c. Section III- Qualification 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) “Upgrade Method”. An air-conditioning Class B contractor holding an active current license for a minimum of one year in the classification in which he or she is certified or an air-conditioning Class C contractor holding an active current license for a minimum of four years 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.
   (i) An active certified air-conditioning Class B contractor is eligible to take the air-conditioning Class A contractors' examination if he or she possesses a minimum of one year of proven experience in the classification in which he or she is certified.
   (ii) An active certified air-conditioning Class C contractor is eligible to take the air-conditioning Class A contractors’ examination if he or she possesses a minimum of four years of proven experience in the classification in which he or she is certified.

(7) **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 in Method of Qualification.

(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 a work experience description.

(10) Use additional copies of this sheet as necessary.

**d. Section IV- Information on Business Presently Qualified**

i. Complete this section entirely.

ii. Provide the name of the business presently qualified as it is registered with the Florida Division of Corporations.

iii. 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.

iv. Applicants must provide the Federal Employer Identification Number (FEID) for the business presently qualified.

v. Select the box that indicates the type of business ownership for the business presently qualified.

vi. Applicants must provide the percentage of ownership that they have in the business presently qualified.
vii. Applicants must answer if they are a primary qualifier of the company and must list the license number they use to qualify the company.
viii. Applicants must list if there are additional qualifiers for the company, if applicable.
ix. Applicants must answer if the company has a Financially Responsible Officer and provide the license number of the Financially Responsible Officer, if applicable.

**e. Section V- Information on Business Proposed to be Qualified**

i. Complete this section entirely.
ii. Provide the name of the business proposed to be qualified as it is registered with the Florida Division of Corporations.
iii. 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.
iv. Applicants must provide the Federal Employer Identification Number (FEID) for the business proposed to be qualified.
v. Select the box that indicates the type of business ownership for the business proposed to be qualified.
vi. Applicants must state whether the business proposed to be qualified is already qualified by another contractor. If so, provide the qualifying contractor's name and license number in the spaces provided.
vii. Applicants must provide the business mailing address of the business proposed to be qualified.
viii. 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.
    (1) If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
ix. Provide the business location address of the business proposed to be qualified. If this address is the same as the mailing address you may leave this information blank.
x. Applicants are required to state the method in which the business proposed to be qualified will pay the applicant. Select the appropriate payment method. If payment will be a combination of payment methods, select "Other" and describe the method of payment. For example, "Other: ownership and salary", if the applicant will be paid under both percentage of profits and paid a salary.
xi. List the name, address, Social Security number, and percentage of ownership for all persons who have an ownership interest in the business proposed to be qualified.
    (1) If an owner of the business is a company, please list the Federal Employer Identification Number (FEID) of the owning company.
xii. The percentage of ownership for all owners together must equal 100%.

**f. Section VI- Primary Qualifier Information**

i. All construction businesses must have a primary qualifier.
ii. If this application is for a business that is not qualified by another contractor, the applicant must be the primary qualifier.
iii. 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.
    (1) 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.
    (2) 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 VII.
iv. 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).

**g. Section VII- Secondary Qualifier Information**

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

**h. Section VIII- Financial Responsibility & Stability Requirements**

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- Insurance Coverage**

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.

**j. Section X- Background Questions**

i. The applicant and the authorized representative(s), as specified in the section, must submit answers to each of the background questions.

ii. For each "Yes" answer the person must provide an explanation in Section XI or XII, as applicable.

iii. The number of "Yes" boxes checked must equal the number of explanation boxes completed.

iv. 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.

**k. Section XI- Explanations for Background Questions 1 and 2**

i. For this section, provide as much detail as possible.

ii. Each explanation can only relate to one person and one question.

iii. Question 1:

(1) 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.

iv. Question 2:

(1) 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.

**l. Section XII- Explanations for Background Questions 3 and 4**

i. For this section, provide as much detail as possible.

ii. Each explanation can only relate to one person and one question.

iii. Question 3:

(1) 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.

(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.

iv. Question 4:

(1) 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.

(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.

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

**m. Section XIII- 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: |