

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 application has been reduced from \$296 to \$150.50.

Please submit payment in the amount of \$150.50 with this application.

State of Florida
Department of Business and Professional Regulation
Electrical Contractors' Licensing Board
Application for Initial Certification by Examination
Form # DBPR ECLB 1

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

APPLICATION REQUIREMENTS
<p>ALL License Applicants must submit:</p> <p><input type="checkbox"/> Fees:</p> <ul style="list-style-type: none"> • If applying for Inactive status- \$51. • If applying for Active status- \$296. • Make check payable to the Florida Department of Business and Professional Regulation. <p><input type="checkbox"/> W-2 forms for each year of experience required for employment verification.</p> <p><input type="checkbox"/> Credit report on the 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 acceptable agencies visit http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_credit_reporting_agencies.pdf.</p> <p><input type="checkbox"/> School transcripts, if using education as part of experience requirement.</p> <p><input type="checkbox"/> Supporting legal documentation, if necessary. See Sections 2(m-n) of Instructions.</p> <p><input type="checkbox"/> Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable.</p> <p><input type="checkbox"/> Copy of professional engineering license and transcripts if applying under qualification as professional engineer.</p> <p><input type="checkbox"/> Optional if applying for Alarm Contractor I - you may submit a copy of your NICET Level III or higher certifications in lieu of job lists.</p> <p>ACTIVE License Applicants must also submit:</p> <p><input type="checkbox"/> If qualifying a business-</p> <ul style="list-style-type: none"> • Credit report on the business to be qualified from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state, and federal levels. For a list of acceptable agencies visit http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_credit_reporting_agencies.pdf.

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

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. Applicants must be at least 18 years of age, be of good moral character, meet the education/experience requirements, and pay all applicable fees.
- b. This form is required if you are applying to become a certified electrical, alarm or electrical specialty contractor based on having taken and passed the State of Florida Examination.
- c. Passing exam scores must be less than 3 years old.

2. Application Instructions (by section)

a. Section I- Application Type

- i. Select the transaction you wish to conduct. An active license will allow you to perform work as an electrical/alarm or specialty contractor, an inactive license cannot be used for contracting.
- ii. If you hold a registered electrical/alarm or specialty license please list the license number on the application in the space provided. When your certified license is issued your registered license will be cancelled if it is in the same category.

b. Section II - Applicant Personal Information

- i. Fill out each section completely. A Social Security number is required 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. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
 - vi. 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.
 - vii. 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 – Statement of Financial Condition**
- (1) Please indicate the type of business organization you are applying to qualify.
- d. **Section IV– Business to be Qualified Information**
- i. Complete this section entirely.
 - ii. Provide the name of the business 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 to be qualified. Please be aware that as an individual or sole proprietorship you may not be eligible for the workers’ compensation exemption – please contact the Department of Financial Services, Division of Workers’ Compensation and determine how you need to be licensed in order to qualify for the exemption.
 - v. Applicants must provide the business location address of the business to be qualified.
- e. **Section V– Liability Insurance and Workers’ Compensation**
- i. Applicant must answer questions 1 and 2 in this section. Applicant is required to obtain the required insurance as listed on the application and workers’ compensation coverage. Information regarding workers compensation insurance and exemptions is available by contacting contact the Department of Financial Services, Division of Workers’ Compensation. If applying for **Inactive Status** this section does not need to be completed.
- f. **Section VI– Qualifier Information**
- i. If the applicant is a primary qualifier he/she is required to have financial and supervisory authority for the business. Without this authority an applicant will not be approved.
 - ii. Applicants must state whether the business to be qualified is already qualified by another contractor. If so, provide the qualifying contractor’s name and license number in the spaces provided.
 - iii. If the applicant is a secondary qualifier he/she must have supervisory authority over all sites where their license is used to pull the permit. An applicant cannot apply to be a secondary qualifier unless there is a licensed electrical/alarm or electrical specialty contractor already designated as a primary qualifier for the business.
 - iv. Secondary qualifiers will automatically become primary qualifiers if the primary qualifier ceases qualifying the business and a new primary qualifier is not designated within 60 days.
- g. **Section VII– Qualification for Licensure**
- i. Indicate which qualification you are applying under. In order to qualify for licensure you must meet one of the following experience requirements. The applicant will have to provide documentation to prove experience.
 - (1) Must have three (3) years of management experience in the trade of electrical/alarm/specialty contracting within the last six (6) years immediately preceding the filing of the application; or

- (2) Must have four (4) years of experience as a foreman, supervisor or contractor in the trade within the last eight (8) years immediately preceding the filing of the application; or
 - (3) Must have six (6) years of comprehensive training, technical education or supervisory experience associated with an electrical or alarm contracting business within the last 12 years immediately preceding the filing of the application; or must have at least six (6) years technical experience in electrical or alarm system work with the Armed Forces or a governmental entity within the last 12 years immediately preceding the filing of the application; or have a combination of these qualifications totaling six (6) years of experience; or
 - (4) Must be licensed as an electrical professional engineer for three (3) years within the last 12 years. Provide a copy of current electrical professional engineer license and transcripts showing electrical engineering work; or
 - (5) Must have a combination of experience listed in 1-3 above totaling 6 years within the last 12 years.
- ii. In addition, if you are applying for the following categories these specific experience requirements will apply:
- EC – Certified Electrical Contractor** - The required experience **must** include at least 40% of work that is in 3-phase services.
- EF – Certified Alarm System Contractor I (All Alarm Systems)** - The required experience **must** include at least 40% of work that is in fire alarm systems.
**Note: you may submit a copy of your NICET Level III or higher certifications in lieu of job lists for Alarm Contractor I.*
- EG – Certified Alarm System Contractor II (Excluding Fire)** - The required experience **must** include at least 40% of work that is in alarm systems other than fire alarm systems.
- h. Section VIII– PART A1: Employment Verification**
- i. This section is to be completed by the applicant’s employer if the applicant’s experience has been gained through employment with a Florida licensed contractor. The qualifying Florida licensed electrical/alarm or electrical specialty contractor should complete the form.
 - ii. Applicants are required to submit copies of W2’s to verify employment with the qualified business.
 - iii. If the applicant was employed by a Florida electrical/alarm or electrical specialty contractor that employer should complete section VIII A for all required experience. The applicant is not required to complete the job lists in section VIII B.
 - iv. Note to verifiers – as a licensed electrical/alarm or electrical specialty contractor you are providing verification of the applicant’s experience and may be subject to discipline for providing any false or misleading information to the Department under 489.531(1)(f), F.S.
 - v. Note: 40 percent of experience in a required area is considered to be 40 percent of full time employment for each year of experience the applicant is applying under.
 - (1) 40 percent of 3 years full time experience is approximately 15 months on 3 phase electrical systems, commercial fire alarm or alarm systems other than fire.
 - (2) 40 percent of 4 years of full time experience is approximately 20 months on 3 phase electrical systems, commercial fire alarm or alarm systems other than fire.
 - (3) 40 percent of 6 years of full time experience is approximately 29 months on 3 phase electrical systems, commercial fire alarm or alarm systems other than fire.
- i. Section VIII– PART A2: Employment Verification**
- i. This section is to be completed by the applicant’s employer if the applicant’s experience has been gained through employment with a non-Florida licensed contractor.
 - ii. Applicants are required to submit copies of W2’s to verify employment with the qualified business.
- j. Section VIII– PART B: Employment Verification Job List**
- i. This section is to be completed by an applicant whose experience has been gained through self-employment, under a licensed contractor outside of the state of Florida or if

you are unable to get your Florida Licensed Employer to verify your experience. Applicant must provide details of 5 jobs/projects per year for each year of experience he/she is applying under. If there are less than 5 jobs for a given year provide an explanation of this on that year's job list.

**Note: Alarm Contractor I applicants may submit a copy of your NICET Level III or higher certifications in lieu of job lists.*

- ii. Job lists should list as much detail of the work performed as possible. Applicant should focus on jobs that include the required type of experience such as 3 phase electrical systems, commercial fire alarms or alarms other than fire as required for the category being applied for.
 - iii. Job lists should be in chronological order, duplicate pages as needed. Please limit each page to 1 year.
 - iv. Note: 40 percent of experience in a required area is considered to be 40 percent of full time employment for each year of experience the applicant is applying under.
 - (1) 40 percent of 3 years full time experience is approximately 15 months on 3 phase electrical systems, commercial fire alarm or alarm systems other than fire.
 - (2) 40 percent of 4 years of full time experience is approximately 20 months on 3 phase electrical systems, commercial fire alarm or alarm systems other than fire.
 - (3) 40 percent of 6 years of full time experience is approximately 29 months on 3 phase electrical systems, commercial fire alarm or alarm systems other than fire.
 - v. On the job lists indicate the name of the licensed contractor you were employed by while working on that job, dates the job began and ended, location of job, specific details of the work performed and mark 3 phase, commercial fire alarm or alarm systems other than fire if applicable.
- k. Section IX– Business Financial Statement**
- i. The business financial statement must be prepared within twelve (12) months preceding of the filing this application and must show a total net worth of:
 - (1) \$10,000 for Certified Electrical, Certified Alarm I and Certified Alarm II Contractors
 - (2) \$5,000 for Certified Specialty Contractors
 - ii. All vehicles and real property listed as assets of the business must be titled to the business to be considered assets of the business. **DO NOT** include personal vehicles and property as assets of the business.
 - iii. Applicant should list all of the business' assets and liabilities on the form.
 - iv. Total value of assets listed should be listed in Box 12.
 - v. Total value of liabilities listed should be listed in Box 19.
 - vi. To determine net worth (Box 12 - Box 19 = Net Worth)
 - vii. List net worth in Box 20. The business' net worth should be at least \$10,000 for Certified Electrical, Certified Alarm I and Certified Alarm II Contractors or \$5,000 for Certified Specialty Contractors. A business net worth that does not meet minimum requirements is considered grounds for denial.
- l. 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 two offenses to document in Section XI or more than two in Section XII, attach additional copies as necessary.
- m. Section XI – Explanations for "Yes" answers to Question 1**
- 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

must supply documentation as proof of the disposition or showing sanctions were satisfied.

n. **Section XII – Explanations for “Yes” answers to Questions 2-6**

i. Question 2:

- (1) If you answer “yes” to this question, you must complete Section XII [*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.

ii. Question 3:

- (1) If you answer “yes” to this question provide the full details in Section XII 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 provide the full details explaining the situation in Section XII 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

iv. Question 5:

- (1) If you answer “yes” to this question provide the full details in Section XII explaining the situation and provide copies of any relevant documentation.

v. Question 6:

- (1) If you answer “yes” to this question provide the full details in Section XII explaining the situation and provide copies of any relevant documentation.

o. **Section XIII- Affirmation by Written Declaration**

- i. Please read and sign the affirmation by written declaration.
 ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

3. Additional Supporting Documentation Required

- i. **W-2 FORMS:** Copies of W-2 forms must be provided for each year of experience as listed on the applicant job list. If you are self employed you can provide 1099's, Schedule C or K-1 forms from your tax returns in lieu of W-2 forms.
 (1) If your W2's do not have your employer listed on them because they used a payroll or employee leasing company, please indicate that information on the forms.
- ii. **APPLICANT CREDIT REPORT:** A credit report on the qualifying agent from any recognized credit bureau that includes, but is not limited to, liens, judgments, suits, and bankruptcy obtained from county, state and federal records. The credit report must be dated within twelve (12) months of filing this application and must include the following statement: **“PUBLIC RECORDS HAVE BEEN SEARCHED AT THE COUNTY, STATE AND FEDERAL LEVELS.”** Go to http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_credit_reporting_agencies.pdf for a list of acceptable agencies.
 (1) If there are negative items on the credit report such as open collections, past due accounts, foreclosures or bankruptcy please provide a written explanation of the issue and the current status of those items.
- iii. **BUSINESS CREDIT REPORT:** A credit report on the business to be qualified from any recognized credit bureau that includes, but is not limited to, liens, judgments, suits, and bankruptcy obtained from county, state and federal records. The credit report must be dated within twelve (12) months of filing this application and must include the following statement: **“PUBLIC RECORDS HAVE BEEN SEARCHED AT THE COUNTY, STATE AND FEDERAL LEVELS”.** Go to http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_credit_reporting_agencies.pdf for a list of acceptable agencies.
 (1) If there are negative items on the credit report such as open collections, past due accounts, foreclosures or bankruptcy please provide a written explanation of the issue and the current status of those items.

- iv. **Letters Verifying Experience:** If you were self employed you must submit at least three (3) letters verifying required experience from building officials, local licensing agencies and licensed contractors with whom you have been associated in lieu of Section VIII Part A1 or A2.
- v. **Optional:** Please provide copies of any training, education or certification documents, if you have training or education you would like considered.

4. Common Reasons for Denial

Your application could be denied for many reasons even if you have passed the examination. Here are some of the more common reasons for denial:

- a. **Failure to demonstrate the required experience** – your W2's, job lists or employment verification forms may not support that you have the experience required by statute. This may occur if:
 - i. You are applying based on supervisory experience but your salary and job duties are not consistent with someone with supervisory responsibilities in this industry.
 - ii. Your work experience is not in the “trade” of electrical contracting, experience as an electrician or supervising electrician for a facility is not considered by the Board to be electrical contracting experience. An applicant must have worked for an electrical contractor if they are applying based on experience in the “trade”.
 - iii. Your job lists do not show enough specific experience in the category you are applying for; such as 40% experience in 3 phase electrical work for Unlimited Electrical, fire alarms for Alarm I or burglar alarms for Alarm II. Be sure to concentrate your job lists on jobs that meet those requirements.
- b. **Failure to demonstrate financial responsibility** – could be a basis for denial based on your personal credit report. This may occur if:
 - Your personal credit report shows delinquent accounts, collection accounts, unpaid liens or judgments.
- c. **Criminal history that relates to the practice of electrical contracting** - If you have criminal history you must disclose it in your application – it will be up to the Board to determine if it relates to the practice of electrical contracting and if it is sufficient grounds to deny your application.

State of Florida
Department of Business and Professional Regulation
Electrical Contractors' Licensing Board
Application for Initial Certification by Examination
Form # DBPR ECLB 1

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 TRANSACTION REQUESTED	
<input type="checkbox"/>	Initial Certification by Examination (Active) - \$296.00 fee required [1030]
<input type="checkbox"/>	Initial Certification by Examination (Inactive) - \$51.00 fee required [1031]
CHECK LICENSE CATEGORY	
<input type="checkbox"/>	Unlimited Electrical Contractor [0801]
<input type="checkbox"/>	Alarm System Contractor I [0802]
<input type="checkbox"/>	Alarm System Contractor II [0803]
<input type="checkbox"/>	Residential Electrical Contractor [0804]
<input type="checkbox"/>	Utility Line Contractor [0804]
<input type="checkbox"/>	Limited Energy Contractor [0804]
<input type="checkbox"/>	Sign Specialty Contractor [0804]
<input type="checkbox"/>	Lighting Maintenance Contractor [0804]
<input type="checkbox"/>	Two Way Radio Communications Enhancement Systems Specialty [0804]
Florida Registered Contractors	<p>Please list your current License number and date of licensure:</p> <p>Registered License Number: _____</p> <p>Date of Licensure: _____</p> <p>Note: Before Issuance of a certified license in the same category as your registered license you will be required to surrender your registered license and it will be cancelled.</p>

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		

* 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, 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 – Statement of Financial Condition

STATEMENT OF FINANCIAL CONDITION
<p>Are you applying to do business as an individual or sole proprietorship? If so, please be aware as an individual or sole proprietorship you may not be eligible for the workers' compensation exemption – please contact the Department of Financial Services, Division of Workers' Compensation and determine how you need to be licensed in order to qualify for the exemption.</p> <p>Please indicate the type of business organization you are applying to qualify. <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other</p>

Section IV– Business to be Qualified Information

BUSINESS TO BE QUALIFIED			
Note: Do not complete this section if you are applying for licensure as an Individual. You will, however, be required to complete this form if you are applying for licensure as a Sole Proprietor. See 2(d) of instructions.			
*Business Name:			
*Doing Business As (D/B/A):		Federal Employer ID Number (FEID):	
Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (please specify): _____			
* Business Name and D/B/A must be listed exactly as registered with the Division of Corporations. If you list both a Business Name and a D/B/A, only the D/B/A will appear on the license.			
BUSINESS CONTACT INFORMATION			
Contact Name:			
Phone Number of Contact		E-Mail Address of Contact	
BUSINESS LOCATION ADDRESS			
Street Address			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	

Section V– Liability Insurance and Workers' Compensation

LIABILITY INSURANCE AND WORKERS' COMPENSATION	
Minimum amounts required for Liability insurance; Public Liability- \$100,000/per person, \$300,000/per occurrence; and Property Damage- \$500,000. OR Minimum combined single limit policy of \$800,000.	
1. Have you or will you obtain, prior to contracting, public liability and property damage insurance in the amounts determined by Rule 61G6-5.008, Florida Administrative Code, as specified above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have you or will you obtain, prior to contracting, workers' compensation or an appropriate exemption as provided in Section 440.05, Florida Statutes, and if not, do you attest that you will obtain an exemption within 30 days after your license is issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section VI– Qualifier Information

QUALIFIER INFORMATION (NOT REQUIRED FOR THOSE APPLYING TO DO BUSINESS AS AN INDIVIDUAL)	
(Please answer below according to your classification for the new business entity)	
<input type="checkbox"/> I am requesting designation as Primary Qualifier: Pursuant to Chapter 489.522(1)(a), F.S.:	
I have the authority for approving checks, payments, drafts and contracts on behalf of the business organization.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am responsible for supervision of all operations of the business organization; including, all field work at all sites and financial matters (both in general and for each specific job).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I am requesting designation as Secondary Qualifier: Pursuant to Chapter 489.522(2)(b), F.S.:	
I will be legally qualified to act for this business as supervisor of all sites where permitting was obtained with my license, and any other work for which I accept responsibility.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If requesting designation as a Secondary Qualifier or an Additional Primary Qualifier list the Primary Qualifier below.	
Primary Qualifier Name:	
Primary Qualifier's License Number:	
Note: If you are applying as secondary qualifier or additional primary qualifier – you are not required to submit the following items: Business financial statement; or Business credit report.	

Section VII– Qualification for Licensure

QUALIFICATION FOR LICENSURE	
A person shall be eligible for licensure by meeting one of the following requirements. (Check one)	
<input type="checkbox"/>	Has, within the six (6) years immediately preceding the filing of the application, at least three (3) years proven "management experience" in the trade or education equivalent thereto, or a combination thereof, but not more than one-half of such experience may be educational equivalent. 489.511(1)(b)3.a., F.S.
<input type="checkbox"/>	Has, within the eight (8) years immediately preceding the filing of the application, at least four (4) years experience as a supervisor or contractor in the trade for which he or she is making application. 489.511(1)(b)3.b., F.S.
<input type="checkbox"/>	Has, within the twelve (12) years immediately preceding the filing of the application, at least six (6) years of comprehensive training, technical education, or supervisory experience associated with an electrical or alarm system contracting business. 489.511(1)(b)3.c., F.S.
<input type="checkbox"/>	Has, within the twelve (12) years immediately preceding the filing of the application, at least six (6) years of technical experience in electrical or alarm system work with the Armed Forces or a governmental entity. 489.511(1)(b)3.c., F.S.
<input type="checkbox"/>	Has, within the twelve (12) years immediately preceding the filing of the application, been licensed for three (3) years as a professional engineer who is qualified by education, training, or experience to practice electrical engineering. 489.511(1)(b)3.d., F.S.
<input type="checkbox"/>	Has any combination of qualifications under sub-subparagraphs 1-3 totaling six (6) years of experience within the last twelve (12) years. 489.511(1)(b)3.e., F.S.

Section VIII– PART A1: Employment Verification for Florida Employer Verification

EMPLOYMENT VERIFICATION MUST BE COMPLETED BY THE FLORIDA LICENSED QUALIFIER FOR EMPLOYER		
This section is to be completed by your employer if your experience has been gained through employment with a Florida licensed contractor. If your employer was not a Florida licensed contractor complete Section VIII – Part A2. If you are self-employed, please complete Section VIII Part B: Employment Verification Job List and submit 3 letters verifying your experience.		
Instructions: Provide employment verification for the years of experience required for qualification for licensure. Attach additional copies of this page as necessary.		
NOTE: Include copies of W-2, Schedule C, or K-1 form(s) for employment verification. These documents must be attached to this form to verify time(s) of employment.		
Applicant Name: _____		
Employing Agency/Company Name: _____		
Agency/Company Address: _____		
Dates of employment by Agency/Company	Date (From) / /	Date (To) / /
Agency/Company Phone Number: _____		
Position of Applicant: _____		
Describe in detail the applicant's duties, including any hands-on, supervisory or management responsibilities:		
Mark Yes or No for each category listed and the number of months I attest that the applicant named above has been employed by the business I qualify in a		
Supervisory Position <input type="checkbox"/> Yes <input type="checkbox"/> No for _____ months	Managerial Position <input type="checkbox"/> Yes <input type="checkbox"/> No for _____ months	Trade Position <input type="checkbox"/> Yes <input type="checkbox"/> No for _____ months
If applicant is applying for Electrical Contractor, Alarm System Contractor I or Alarm System Contractor II please answer below.		
I attest that the applicant named above has at least 40% of his/her work experience in the following areas		
40% 3-phase <input type="checkbox"/> Yes <input type="checkbox"/> No	40% commercial fire alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	40% alarm systems other than fire <input type="checkbox"/> Yes <input type="checkbox"/> No
If applicant is applying for Electrical Specialty Contractor please answer below.		
I attest that the applicant named above has his/her work experience in the following areas		
Mark Yes or No for each category listed.		
Utility Lines <input type="checkbox"/> Yes <input type="checkbox"/> No	Residential Electrical <input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical Signs <input type="checkbox"/> Yes <input type="checkbox"/> No	Two Way Radio Comm. Enhancement Sys. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lighting Maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No	Limited Energy Systems under 98 volts <input type="checkbox"/> Yes <input type="checkbox"/> No	
Providing false or misleading information is grounds for discipline of your license under 455.227(1)(a) and (I), F.S.		
Print name of Qualifier Verifying Employment & Experience: _____		
License Number of Qualifier Verifying Employment & Experience: _____		
Signature of Qualifier Verifying Employment & Experience: _____		
Date: _____		

Section VIII– PART A2: Employment Verification for Non-Florida Employer Verification

EMPLOYMENT VERIFICATION

This section is to be completed if the applicant’s experience has been gained through employment with a contractor outside the state of Florida. You must also complete please complete Section VIII Part B: Employment Verification Job List

If you are self-employed, please complete Section VIII Part B: Employment Verification Job List and submit 3 letters verifying your experience.

Instructions:

Provide employment verification for the years of experience required for qualification for licensure. Attach additional copies of this page as necessary.

NOTE: Include copies of W-2, Schedule C, or K-1 form(s) for employment verification. These documents must be attached to this form to verify time(s) of employment.

Applicant Name: _____

Employing Agency/Company Name: _____

Agency/Company Address: _____

Dates of employment by Agency/Company	Date (From) / /	Date (To) / /
---------------------------------------	--------------------	------------------

Agency/Company Phone Number: _____

Position of Applicant: _____

Describe in detail the applicant’s duties, including any hands-on, supervisory or management responsibilities:

Mark Yes or No for each category listed and the number of months

I attest that the applicant named above has been employed by the business I qualify in a

Supervisory Position <input type="checkbox"/> Yes <input type="checkbox"/> No for _____ months	Managerial Position <input type="checkbox"/> Yes <input type="checkbox"/> No for _____ months	Trade Position <input type="checkbox"/> Yes <input type="checkbox"/> No for _____ months
---	--	---

Print name of Individual Verifying Employment & Experience: _____

Position/Title of Individual Verifying Employment & Experience: _____

Signature of Individual Verifying Employment & Experience: _____

Date: _____

Section VIII– PART B: Employment Verification Job List

JOB LIST (DUPLICATE AS NECESSARY)			
For the purposes of this page the term “Job” refers to specific projects/jobsites not employers.			
This section is to be completed by an applicant whose experience has been gained through self-employment or under a licensed contractor outside of the state of Florida.			
Instructions:			
List your project history in chronological order for the years of experience required for qualification with dates that concur with documented employment.			
If you were self employed you must also submit at least three (3) letters verifying required experience from building officials, local licensing agencies and licensed contractors with whom you have been associated.			
NOTE: Include copies of W-2, 1099, Schedule C, or K-1 form(s) for employment verification. These documents must be attached to this form to verify time(s) of employment.			
If you are applying for Electrical Contractor – your total years experience must include <u>40% 3-phase experience</u>. If you are applying for Alarm System Contractor I – your total years experience must include <u>40% fire alarm experience</u>. If you are applying for Alarm Systems Contractor II – your total years experience must include <u>40% work in alarm systems other than fire</u>.			
1. Electrical/Alarm Contractor's Name and License Number:	Date (From)	Date (To)	
	/ /	/ /	
Job Location Address:			
Job Description:			
Experience area covered by project:	<input type="checkbox"/> 3-phase	<input type="checkbox"/> commercial fire alarm	<input type="checkbox"/> alarm systems other than fire
2. Electrical/Alarm Contractor's Name and License Number:			
	/ /	/ /	
Job Location Address:			
Job Description:			
Experience area covered by project:	<input type="checkbox"/> 3-phase	<input type="checkbox"/> commercial fire alarm	<input type="checkbox"/> alarm systems other than fire
3. Electrical/Alarm Contractor's Name and License Number:			
	/ /	/ /	
Job Location Address:			
Job Description:			
Experience area covered by project:	<input type="checkbox"/> 3-phase	<input type="checkbox"/> commercial fire alarm	<input type="checkbox"/> alarm systems other than fire

Section VIII– PART B: Employment Verification Job List - continued

4. Electrical/Alarm Contractor's Name and License Number:		Date (From) / /	Date (To) / /
Job Location Address:			
Job Description:			
Experience area covered by project:	<input type="checkbox"/> 3-phase	<input type="checkbox"/> commercial fire alarm	<input type="checkbox"/> alarm systems other than fire
5. Electrical/Alarm Contractor's Name and License Number:		Date (From) / /	Date (To) / /
Job Location Address:			
Job Description:			
Experience area covered by project:	<input type="checkbox"/> 3-phase	<input type="checkbox"/> commercial fire alarm	<input type="checkbox"/> alarm systems other than fire

Section IX– Business Financial Statement

BUSINESS FINANCIAL STATEMENT			
See Section 2(k) of instructions. Note: If you are applying as an Individual this form should be completed as a personal financial statement.			
Statement of Financial Condition of : _____ (Name of Business Being Qualified)			
Date of Financial Statement:		FEID Number:	
ASSETS (omit cents)		LIABILITIES (omit cents)	
1. Cash in Bank	\$	13. Accounts Payable	\$
2. Accounts and Notes Receivable	\$	14. Notes Payable to Banks and others (i.e., vehicles/equipment, etc...)	\$
3. Inventory, (i.e. Supplies)	\$	15. Mortgages and Bonds Payable	\$
4. US Government Securities	\$	16. Unpaid Taxes	\$
5. Other Current Assets, i.e. vehicles (itemize)	\$	17. Wages & Interest	\$
	\$	18. Other Liabilities (if corporation)	\$
	\$		\$
6. Real Estate	\$		\$
7. Buildings-Net (after depreciation)	\$		\$
8. Machinery, Fixtures & Equipment (after depreciation)	\$		\$
9. Leasehold Improvements-Net (after amortization)	\$		\$
	\$		\$
10. Stocks & Bonds	\$		\$
11. Other Assets (itemize)	\$		\$
	\$		\$
12. Total Assets (add items 1 thru 11 above)	\$	19. Total Liabilities (add items 13 thru 18 above)	\$
		20. Net Worth \$ (subtract item 19 from item 12)	

Business Net Worth Requirements:**\$10,000 for Certified Electrical, Certified Alarm I and Certified Alarm II Contractors****\$5,000 for Certified Specialty Contractors**

NOTE: All vehicles and real property listed as assets of the business must be titled to the business to be considered assets of the business. Please DO NOT include personal vehicles and property as assets of the business.

Section X– Background Questions

BACKGROUND QUESTIONS							
Instructions:							
The Applicant and Authorized Representative(s) of the business must answer the background questions in this section.							
Authorized Representative(s) of the business are any of the following:							
<ul style="list-style-type: none"> • All officers and directors (if qualified business is a corporation or any other business entity with officers and directors) • All members and managers (if qualified business is a LLC) • All partners (If qualified business is a partnership) • All members (if qualified business is a business entity other than those described above) 							
NOTE: Accuracy of Authorized Representative(s) of the business may be checked on the Florida Division of Corporations website www.sunbiz.org .							
If YES to question 1, please complete Section XI.							
If YES to questions 2 through 6, 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, or are you currently under criminal investigation? 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. Have you ever filed for bankruptcy (voluntarily or involuntarily) or had any judgment or lien against yourself, a business you previously qualified, 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. Explanations for this answer must be completed in Section XII. Use your credit report as a guide when answering this question.							
3. Have you ever had a license revoked, suspended, or otherwise sanctioned by any professional licensing board or agency, or have you ever been denied issuance of, or pursuant to disciplinary proceedings refused renewal of a license by any professional licensing board or agency in Florida or any other state?							
4. Have you ever been charged with acting as a contractor without a license?							
5. Have you undertaken construction contracts or work that a third party, such as a bonding or surety company, completed or made financial settlements for on your behalf?							
6. Have you ever made an assignment of assets in settlement of construction obligations for less than the debts outstanding?							
Person #	Indicate each response by checking "Yes" or "No"	Question Number					
		1	2	3	4	5	6
1	Applicant – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section X – Background Questions– continued

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

If you answered “YES” to any question in questions 1 – 6 above, please refer to Sections of Instructions for detailed instructions on providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section XI for your response to question 1, and complete Section XII for your response to questions 2 through 6. If you have more than two offenses to document in Section XI or need additional sheets for Section XII, attach additional pages as necessary.

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

EXPLANATION		
Name of person to whom this explanation relates:		
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

EXPLANATION		
Name of person to whom this explanation relates:		
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

Section XII – Explanations for “Yes” answers to Questions 2-6 – Attach additional copies as necessary.

Review your credit report and, if applicable, be sure to provide explanations of all negative items such as collections, liens, judgments and foreclosures. Also, provide documentation showing release of liens, discharge of bankruptcy and satisfaction of judgments. Application processors will be looking for explanations to negative items listed on your credit report in this section. Use your credit report as a guide when providing your answers.

EXPLANATION	
Name of person to whom this explanation relates:	This explanation relates to question # (check one): <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
State/Jurisdiction:	Application Type/License Number:

EXPLANATION	
Name of person to whom this explanation relates:	This explanation relates to question # (check one): <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
State/Jurisdiction:	Application Type/License Number:

Section XIII– 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. 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.</p>	
Signature:	Date:
Print Name:	



Make sure you submit the following items with your application:
<ul style="list-style-type: none"> • Personal Credit Report from a nationally recognized credit reporting agency • Business Credit Report from a nationally recognized credit reporting agency • Itemization of machinery, fixtures & equipment and other assets listed on business financial statements.
Application Tip:
<p>When completing the financial questions on your application, use your credit reports as a guide. Make sure to provide explanations of all negative items such as collections, liens, judgments and foreclosures in Section XII. Copy this page as necessary. Also, provide documentation showing release of liens, discharge of bankruptcy and satisfaction of judgments. Processors will be using your credit report as a guide to your answers regarding financial questions.</p>

VOLUNTARY CRIMINAL HISTORY INFORMATION:

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

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

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

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

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

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