

APPLICATION TO QUALIFY AN ADDITIONAL BUSINESS ORGANIZATION



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**Construction Industry Licensing Board**  
 c/o 1940 North Monroe Street  
 Tallahassee, Florida 32399-0783  
 Attention: Revenue Unit

For Telephone Inquiries:(850) 487-1395

# APPLICATION TO QUALIFY AN ADDITIONAL BUSINESS ORGANIZATION

THIS FORM MUST BE COMPLETED IF YOU WISH TO INITIATE OR CHANGE THE STATUS OF AN EXISTING LICENSE. READ ALL INSTRUCTIONS AND MAKE SURE YOU HAVE SIGNED WHERE INDICATED. **TYPE OR PRINT IN INK.** MAKE CHECKS PAYABLE TO THE **DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION.** ALL CHECKS MUST CLEARLY STATE APPLICANT'S NAME AND ADDRESS. **AS MANDATED BY STATUTE, COMPLETE APPLICATIONS WILL BE PROCESSED WITHIN 30 DAYS OF RECEIPT.**

\_\_\_\_\_ \$169.00 Certified Contractors

\_\_\_\_\_ \$ 104.00 Registered Contractors

**1. Applicant's Name (Licensee):** \_\_\_\_\_, LICENSE NUMBER: \_\_\_\_\_

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, <b>SOCIAL SECURITY NUMBERS ARE MANDATORY</b> pursuant to Title 42 United States Code, Sections 653 and 654; and sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.				
____/____/____ SOCIAL SECURITY NUMBER	____/____/____ DATE OF BIRTH	_____ PLACE OF BIRTH: (City)	_____ (State)	_____ (Nation)
GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>		RACE: (1)White <input type="checkbox"/> (2)African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> (3)Indian <input type="checkbox"/> (6)Her <input type="checkbox"/>		

**2. Name of Business To Be Qualified:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
STREET OR PO BOX CITY STATE ZIP

Street Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Business Phone Number:(\_\_\_\_\_) \_\_\_\_\_ Federal ID Number \_\_\_\_\_ QB # \_\_\_\_\_

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3. Applicant's (Licensee) Name: \_\_\_\_\_  
Last First Middle

Applicant's (Licensee) Official Mailing Address of Record:

\_\_\_\_\_  
Street City County State Zip

Street Address (if Post Office Box is listed above):

\_\_\_\_\_  
Street City County State Zip

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Office Phone: (\_\_\_\_\_) \_\_\_\_\_

4. Verification Of General Liability Insurance and WORKERS' COMPENSATION INSURANCE OR THE APPROVED EXEMPTION FROM WORKERS' COMPENSATION LAW AND CONTINUING EDUCATION. (DO NOT SEND A CERTIFICATE OF INSURANCE OR APPROVED EXEMPTION AT THIS TIME.)

I hereby affirm that I have obtained public liability and property damage insurance in the amounts determined by rule of the Construction Industry Licensing Board and workers' compensation insurance (unless exemption has been filed with and approved by the Bureau of Workers' Compensation compliance), for the safety and welfare of the public. I further affirm that I have met all continuing education requirements. I understand that if my license number is selected for audit, I will be required to submit proof that I have met all the insurance and continuing education requirements. I understand that it is my responsibility to maintain all documentation supporting this affirmation of eligibility. I affirm that these statements are true and correct and I recognize that providing false information may result in a FINE, SUSPENSION or REVOCATION of my contractor's license.

\_\_\_\_\_  
APPLICANT'S SIGNATURE PRINT OR TYPE NAME DATE

MINIMUM AMOUNTS REQUIRED FOR GENERAL LIABILITY INSURANCE

General and Building - \$300,000 bodily injury, \$50,000 property damage.  
All other categories - \$100,000 bodily injury, \$25,000 property damage.

COMBINED SINGLE LIMIT POLICIES MUST BE IN THE MINIMUM AMOUNTS REQUIRED.

**NOTE:** If the Board requests proof of insurance and/or proof of an exemption from the workers' compensation law, binders, applications for issuance or automobile insurance WILL NOT BE ACCEPTED. The policy number must be shown, the CONSTRUCTION INDUSTRY LICENSING BOARD must be shown as the Certificate Holder, and the certificate must contain a 30-day cancellation notice to the certificate holder.

**DO NOT SEND CERTIFICATES OF INSURANCE OR PROOF OF A FILED EXEMPTION AT THIS TIME.**

**TO FILE A NOTICE OF ELECTION TO BE EXEMPT** from the provisions of the FLORIDA WORKERS' COMPENSATION LAW, contact your nearest Florida Department of Labor and Employment Security, Bureau of Workers' Compensation Compliance office to obtain form # BCM-250-T.

5. Questionnaire - Qualifying Additional Business Organization

THIS FORM MUST BE COMPLETED BY THE APPLICANT REQUESTING AN ADDITIONAL LICENSE OR REQUESTING A CHANGE TO AN EXISTING ADDITIONAL LICENSE. THE APPLICANT AND PRESIDENTS (OR PARTNERS/OWNERS) OF ALL COMPANIES INVOLVED MUST SIGN WHERE INDICATED. PLEASE USE THIS SHEET. ONLY USE ADDITIONAL SHEETS IF NECESSARY.

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- A. Explain why you wish to maintain your present license(s) while qualifying this additional business.
- B. Has the proposed entity been previously qualified? If so, explain why the previous qualifier is no longer willing to continue to qualify this entity.
- C. If the proposed entity has been qualified within the last 12 months, list the last three jobs completed by the proposed entity. Include dates of completion, address, description of work, name of previous qualifier, and name of owner.
- D. List the last three jobs completed by you under your existing license. Include date of completion, address, description of work, name of previous qualifier, and name of owner.
- E. Do the business(es) you presently qualify and/or wish to qualify have any outstanding liens against them or against the property of consumers as a result of construction work or a contract they had with your firm?  
Yes \_\_\_\_\_ NO \_\_\_\_\_ If yes, identify business and provide explanation.
- F. List principal suppliers for the past six months for the business you presently qualify.
- G. List principal suppliers for the past six months for the business you are applying to qualify.
- H. List persons authorized (currently and in past 6 weeks) to pull permits on your license(s).

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I. How are you being paid by the business(s) you presently qualify (examples: salary, % of profits, etc.)?

J. How will you be paid by the business you are applying to qualify?

K. What percentage of ownership do you have in the present business(s) you are qualifying and what percentage of ownership will you have in the business you are attempting to qualify?

L. Do you (applicant) have check writing authority for the present and proposed entity? YES \_\_\_ NO \_\_\_  
If yes, provide a letter from the bank.

M. List officers (or partners, owners) of business you are applying to qualify and give title/position held.

_____	_____
_____	_____

N. List officers (or partners, owners) of business you presently qualify and give title/position held.

_____	_____
_____	_____

O. Do the business(s) you presently qualify and wish to qualify have any other licensees presently qualifying those businesses? Yes \_\_\_ NO \_\_\_.

If yes, list licensee's name, license number, and address

P. Submit notarized statements signed by an authorized agent of the entity(s) you presently qualify and from an authorized agent of the proposed entity attesting to the fact that each is aware of what entity you presently qualify, and what entity you are requesting to qualify.

## 6. Financial Responsibility

All applicants/licensees must answer the below questions. If you answer "yes" to any of the questions, a written explanation is required. Additional documentation is also required, as indicated. If you are applying to qualify a corporation, partnership or other legal business entity, ALL OFFICERS OF THAT ENTITY MUST ALSO EXPLAIN IF ANY OF THE BELOW WOULD PERTAIN TO THEM. This would include the president, vice president, secretary, and/or partners or owner of the proprietorship.

HAVE YOU, the business organization, or any of the above mentioned individuals in any capacity EVER:

YES NO

A. Undertaken construction contracts or work that a third party, such as a bonding or surety company, completed or made financial settlements?

B. Had claims or lawsuits filed for unpaid or past due accounts by your creditors as a result of construction operations?

C. Undertaken construction contracts or work which resulted in liens, suits or judgments being filed?

D. Had a lien filed against you by the U.S. Internal Revenue Service or Florida Corporate Tax Division? If "yes", you must attach a copy of the Notice of Lien, and any payment agreement, satisfaction, Release of Lien or other proof of payment.

E. Made an assignment of assets in settlement of construction obligations for less than the debts outstanding?

F. Been charged with or convicted of acting as a contractor without a license, or if licensed as a contractor in this or any other state, been "subject to" any disciplinary action by a state, county, or municipality? If "yes", you must attach a copy of any state, county, municipal or out-of-state disciplinary order or judgment.

G. Filed for or been discharged in bankruptcy within the past five years? If "yes", you must attach a copy of the Discharge Order, Order Confirming Plan, or if a Corporate Chapter 7 case, a copy of the Notice of Commencement.

H. Been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction within the past 10 years? **NOTE: IF YOU, THE APPLICANT/LICENSEE, HAVE HAD A FELONY CONVICTION, PROOF THAT YOUR CIVIL RIGHTS HAVE BEEN RESTORED WILL BE REQUIRED PRIOR TO LICENSURE.**

NOTE: The Board requires any applicant/licensee who answers "yes" to any question contained in the Financial Responsibility Section of the Application to supply a complete explanation of the response, and include a statement detailing the steps taken by the licensee to prevent a recurrence of the circumstances leading to the conviction, discipline, judgment, bankruptcy, or other event leading to the response. You must include any proof of payment, satisfaction of liens, judgments and bankruptcy discharge papers in your submittal, if applicable. Failure to provide proof of payment, satisfaction of liens, judgements and bankruptcy discharge papers, if applicable to your responses above, will require your application to be reviewed by the Application Review Committee prior to action being taken on the application.

## 7. Credit Report(s)

### REPORTS THAT DO NOT INCLUDE THE FOLLOWING INFORMATION WILL NOT BE ACCEPTABLE:

Reports for the present and proposed entities must be submitted (not more than six months old) from a nationally recognized credit-reporting agency and must be submitted before an additional license can be issued. If you are applying to qualify as an individual, the credit report must be on you. If you are applying to qualify a business organization, the credit report must be on the business organization. If your business is newly established, you will ALSO need to submit credit reports on the following: The applicant/licensee, the newly formed business and the majority owners holding 25% or more interest PLUS letters from three construction related suppliers indicating that an account either exists or has been opened for the entity you are applying to qualify. **A credit report is also required for the entity that you are presently qualifying. Credit reports obtained directly from "Equifax", "Trans Union" or "Experian" will NOT be accepted. Reports from the Internet, banks, credit unions, mortgage companies, car dealerships or other lending institutions are also NOT accepted.**

Make sure you give written authorization to the credit agency so they can accurately check your credit references. Federal, State, County (including all counties within State of Florida) public records pertaining to judgments, bankruptcies, and tax liens must be searched and results noted on the credit report. The credit report must include a public records check of the home counties and all other counties where 25% or more of the contractor's work has been done over the last three years. (If public records reflect unsatisfied obligations, attach written explanation and legal documentation.)The credit report must reflect officers, partners, and proprietors and FEIN and Social Security numbers.

Attach a credit report(s) from a nationally recognized credit-reporting agency to this application. If you are unable to receive the credit report, you may have a credit agency send the credit report directly to: Florida Construction Industry Licensing Board, 1940 North Monroe Street, Tallahassee, Florida 32399, and complete this statement:

I have requested a credit report(s) on \_\_\_\_\_ Date \_\_\_\_\_  
THE PROPOSED ENTITY AND THE PRESENT ENTITY

to be sent directly from \_\_\_\_\_  
NAME OF CREDIT REPORTING AGENCY

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***This form must be accompanied by either an Application for Qualified Business Organization License Number. (A QB License Number WILL NOT be required if the qualifying agent is the sole proprietor.)***

or a

***Qualified Business Organization Change of Status Application.***

**8. Qualified Business Organization (QB)** – NOTE if you are applying as an individual, you do not need to complete this page.

A. AUTHORITY/RESPONSIBILITIES – Everyone except a person doing business as an “individual” must fill out the below statement. The owner or partner must sign; or, if you are qualifying a corporation, have the corporate secretary sign below.

At a meeting of (Name of Business Organization) \_\_\_\_\_, held on the  
\_\_\_\_ day of \_\_\_\_\_, (Name of Qualifier) \_\_\_\_\_ was legally appointed as the qualifier to act for the business organization in all matters connected with its contracting business, and was given authority to supervise all construction work performed by the business.

\_\_\_\_\_  
Signed by Secretary, Partner, or Owner

B. FINANCIAL RESPONSIBILITY

I, \_\_\_\_\_, acknowledge that pursuant to Florida Statute 489, I am responsible for all of the financial affairs of the business I am applying to qualify. I realize that this includes “financial matters” both for the organization in general and for each specific job.

\_\_\_\_\_  
Signature

NOTE: IF THE ABOVE NAMED INDIVIDUAL IS NOT A LICENSED CONTRACTOR FOR THE STATED ENTITY AND HAS NOT SUBMITTED A “FINANCIAL RESPONSIBLE OFFICER APPLICATION”, PLEASE CONTACT THE BOARD OFFICE FOR THIS APPLICATION.

**9. Qualifying Agent(s)**

PRIMARY/SECONDARY QUALIFYING AGENT DESIGNATION (THE APPLICANT AND ALL EXISTING QUALIFYING AGENTS MUST SIGN THE DESIGNATED PORTION BELOW. IF NECESSARY, DUPLICATE THIS PAGE) - In accordance with Florida Statute 489.1195(1)&(2), we, the undersigned, agree to the following primary/secondary qualifier designation for:

**A. PRIMARY QUALIFYING AGENT**

As the **primary** qualifying agent I/we attest that I/we have final approval authority on all checks, drafts, or payments, regardless of the form of payment, made by the entity, and that the applicant has final approval authority for all construction work performed by the entity. Be advised that the entity cannot engage in any work that exceeds the scope or geographical jurisdiction of the primary qualifier's license.

_____ Primary Qualifying Agent	_____ License Number	_____ Signature
_____ Primary Qualifying Agent	_____ License Number	_____ Signature

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B. SECONDARY QUALIFYING AGENT

As secondary qualifying agent I/we attest that I/we have the authority to supervise all construction work performed by the entity as provided in 489.1195(2) F.S.

Secondary Qualifying Agent License Number Signature

Secondary Qualifying Agent License Number Signature

10. Corporations

ATTACH A COPY of the current Annual Report Form filed with the Florida Secretary of State (or) ATTACH A COPY of the Florida Certificate of Incorporation if your corporation is newly established. All foreign (out of state) corporations must register with the Florida Secretary of State (850) 488-9000.

11. Fictitious Name

ATTACH A COPY of the recorded Fictitious Name Registration from the Division of Corporations; also submit a copy of the filed application or newspaper article. This does not apply to corporations using their registered name.

Contact:

Fictitious Name Registration
P.O. Box 1300
Tallahassee, FL 32302-1300
(850) 487-6058 (for the Fictitious Name Registration Packet)

12. Organizational Relationships

Do you qualify any business other than the business you are applying to qualify?

Yes [ ] No [ ] (If yes, what percentage of the business do you own [if any]? \_\_\_\_\_ %)

-> If yes, contact Board office for "ADDITIONAL BUSINESS ORGANIZATION GUIDELINES" to qualify more than one business and provide the following information.

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_ STREET CITY STATE ZIP

Your License Number (if other than license number listed on page1) \_\_\_\_\_

13. Proof Of Continuing Education Is Required when reactivating or reinstating a license. When reactivating or reinstating your license, you must attach a copy of your Certificate of Completion from a Board approved sponsor. You must provide proof of your continuing education hours, equal to those required of an active licensee, during the period of time your license was delinquent or inactive (beginning December of 1993).

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**14. Affirmation**

The undersigned hereby makes application for licensure through a qualifying agent under the provisions of the Florida Construction Industry Licensing Board Act (Chapter 489, Part I, Florida Statutes) and affirms that all statements and answers herein contained are true and correct. Any willful falsification of any information contained in this application or attached forms are grounds for disqualification.

If you are qualifying as an individual, only you need sign below. If you are qualifying a proprietorship, you and the owner must sign. If a corporation is being qualified, the signatures of the president, vice-president, and secretary are also required. If it is a partnership, each partner must also attest that the information is correct.

List license numbers held by these individuals in spaces provided below.

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APPLICANT/ LICENSEE SIGNATURE Previous or Current License Held Date

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Signature of Partner or President or Proprietorship Owner Print Name Date

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Address (P.O. Box not acceptable) Social Security Number License Number

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Signature of Partner or Vice President Print Name Date

---

Address (P.O. Box not acceptable) Social Security Number License Number

---

Signature of Partner or Secretary Print Name Date

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Address (P.O. Box not acceptable) Social Security Number License Number