

**INFORMATION REGARDING COMPLETION OF
CHANGE OF STATUS APPLICATION FROM INDIVIDUAL TO QUALIFYING BUSINESS**

DBPR CILB 4361

Application begins on page 2

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**.

In filing an application, be certain that the application is completely filled out, that all questions are answered truthfully and that all the information requested is provided. Please type or print in ink. Applicants are cautioned to read questions thoroughly. A false answer concerning financial or background information will subject the applicant to denial or subsequent disciplinary action against the license.

Please note that if you qualify more than one business organization and you wish to change the status of either license, you must complete the Qualifying Additional Business Organization Application Package. This applies even if you intend to qualify a business organization with one license and operate as an individual with the other license. This applies even if one business is operating under a Division I license and the other is operating under a Division II license. Please include the first page of the change of status application. You need only pay the Additional Business Application fee.

TRANSACTION	APPLICATION CHECKLIST
<p>Changing from Individual to Qualifying Business</p> <p>NOTE: IF YOU ARE A REGISTERED CONTRACTOR PLEASE SUBMIT:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of current local occupational license. <input type="checkbox"/> Copy of local competency card. 	<p>FEES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> \$100 (\$50 change of status fee for applicant and \$50 change of status fee for business) if changing to a CILB licensed qualified business; <li align="center">OR <input type="checkbox"/> \$109 (\$50 change of status fee for applicant and \$59 fee for qualified business) if qualifying a new business. <input type="checkbox"/> Make check payable to the Department of Business and Professional Regulation. <p>FORMS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> DBPR CILB 4361 – Change of Status Application From Individual to Qualifying Business <input type="checkbox"/> DBPR CILB 4357 – Qualified Business/Qualified Business Change of Status Application <input type="checkbox"/> DBPR CILB 4370 – CILB Financial Statement <input type="checkbox"/> DBPR 0030 – Attest Statement <input type="checkbox"/> DBPR 0050 and DBPR 0060, as applicable, if you responded “yes” to any of the Financial Responsibility Questions on DBPR CILB 4357 – Qualified Business/Qualified Business Change of Status Application, or DBPR CILB 4361 – Change of Status Application From Individual to Qualifying Business. Be advised that affirmative responses may require that your application be presented to the Construction Industry Licensing Board for review. <p>SUPPORTING DOCUMENTATION:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Credit reports on applicant and business from a nationally recognized credit reporting agency. Please visit www.state.fl.us/dbpr/pro/cilb/cilb_index.shtml to view a listing of acceptable credit reporting agencies. The credit report must include a public records statement that records have been checked at County, State and Federal levels. <input type="checkbox"/> Credit reports on owners holding 25% or more ownership in business if the business is less than one year old. <input type="checkbox"/> Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable. <input type="checkbox"/> Bank verification letter. (Required if you include cash on your financial statement) <input type="checkbox"/> Listing of machinery and equipment. <input type="checkbox"/> Proof that property, buildings, vehicles or life insurance is in the name of the business if listed on the financial statement. <input type="checkbox"/> Certificate of Status from the Florida Secretary of State for corporation, partnership, LLC, or fictitious name. <p>NOTE: If the Financially Responsible Officer is not the primary qualifier for the business, the officer will need to complete DBPR CILB 4366 – Financially Responsible Officer form, pay a \$200 fee, and submit supporting documentation as required.</p>

Please send your completed application, documentation and required fee(s) to:
Department of Business and Professional Regulation; 1940 North Monroe Street; Tallahassee, FL 32399 – 0783
www.myflorida.com/dbpr



STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 1940 North Monroe Street
 Tallahassee, FL 32399 – 0783
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NOTE – This form must be submitted as part of an entire application packet

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.

APPLICANT INFORMATION				
Last Name	First	Middle	Title	Suffix
Social Security Number*		Telephone Number		
License Number				
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		

CHECK APPLICABLE TRANSACTIONS	
<input type="checkbox"/> Certified <input type="checkbox"/> Registered – Attach copies of Local Occupational License and Competency Card.	Name of Business To Be Qualified: _____ License No. (if applicable): _____

*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory 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.

BACKGROUND INFORMATION			
1.	Yes <input type="checkbox"/> (If yes, please complete form DBPR 0050)	No <input type="checkbox"/>	Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to a crime, even if you received a withhold of adjudication? This question applies to any 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 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION WILL BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	Yes <input type="checkbox"/> (If yes, please complete form DBPR 0050)	No <input type="checkbox"/>	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraudulent or dishonest dealing, or is there any such case or investigation pending?
3.	Yes <input type="checkbox"/> (If yes, please complete form DBPR 0060)	No <input type="checkbox"/>	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	Yes <input type="checkbox"/> (If yes, please complete form DBPR 0060)	No <input type="checkbox"/>	Has any license, registration or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or withdrawn in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to questions 1 – 4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or 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. Please utilize form DBPR 0050 for your responses to questions 1 and 2, and form DBPR 0060 for your responses to questions 3 and 4. If you have more than seven offenses to document on form DBPR 0050, attach additional copies of form DBPR 0050 as necessary.



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This application must be submitted with a licensed contractor’s change of status application or a contractor’s initial licensure application.

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.

This application is NOT required if you are applying for an individual license.

APPLICANT INFORMATION				
Last Name	First	Middle	Title	Suffix
Social Security Number*		Telephone Number		
License Number				
CHECK APPLICABLE TRANSACTIONS				
Check only one box in each section below				
<input type="checkbox"/> Certified <input type="checkbox"/> Registered – Attach copies of Local Occupational License and Competency Card. County of Issuance: _____		<input type="checkbox"/> Initial Qualified Business License Application <u>Qualified Business Change of Status:</u> <input type="checkbox"/> From Primary to Secondary Qualifier <input type="checkbox"/> From Secondary to Primary Qualifier <input type="checkbox"/> Add Additional Qualifier <input type="checkbox"/> Change Officer(s) <input type="checkbox"/> Change from One Qualifier to Another <input type="checkbox"/> Amended Corporate Name Change		

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BUSINESS TO BE QUALIFIED INFORMATION		
Corporate Name		Doing Business As (DBA)
Qualified Business License Number		Federal Employer ID Number (FEID)
Business No Longer Qualified		
Ownership: Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/>		
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code
County (if Florida address)		Country
CONTACT INFORMATION		
Contact Name		
Primary Phone Number		Primary E-Mail Address
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)		
Street Address		
City	State	Zip Code
County (if Florida address)		Country
BUSINESS LOCATION ADDRESS		
Street Address		
City	State	Zip Code
County (if Florida address)		Country

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number	Fax Number
Alternate E-Mail Address	

INSURANCE
<p>Have you obtained public liability and property damage insurance in the amounts determined by rule of the Construction Industry Licensing Board and workers' compensation insurance? (Exception only applies to workers' compensation insurance exemption that has been filed with and approved by the Bureau of Workers' Compensation.)</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Minimum amounts required for General Liability Insurance: General and Building Contractors - \$300,000 bodily injury; \$50,000 property damage All other Categories - \$100,000 bodily injury; \$25,000 property damage</p>

PRIMARY QUALIFYING AGENT	
Name of person legally appointed as the qualifier to act for the business organization in all matters connected with its contracting business, and 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
Do you, the Primary Qualifying Agent, have final approval authority for all construction work performed by the entity; and do you have final approval authority on all business matters, including contracts, specifications, checks, drafts, or payments, regardless of the form of payment, made by the entity, except where a financially responsible officer is approved? Yes <input type="checkbox"/> No <input type="checkbox"/>	

FINANCIALLY RESPONSIBLE OFFICER INFORMATION
Name of person responsible for the financial affairs of the business you are applying to qualify. (Note: If the person is not a primary qualifier for the business, DBPR CILB 4366 – Financially Responsible Officer Application package must be completed and forwarded with this application.)

SECONDARY QUALIFYING AGENT	
Does your Secondary Qualifying Agent have authority to supervise all construction work performed by the entity as provided in Florida Statute 489.1195(2)? (Statute states that secondary qualifying agent 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. A secondary qualifying agent is not responsible for supervision of financial matters.) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Secondary Qualifying Agent Name	License Number

ORGANIZATIONAL RELATIONSHIPS
Do you qualify any business other than the business you are applying to qualify? (If yes, complete DBPR CILB 4353 – Qualify Additional Business Organization)
Yes <input type="checkbox"/> Name of Business: _____ No <input type="checkbox"/>

BUSINESS OWNERSHIP			
List below the business owners and percentage of ownership. TOTAL MUST EQUAL 100%			
Name of Owner & Title	Address	Social Security No.	% of Ownership

FINANCIAL RESPONSIBILITY/BACKGROUND QUESTIONS								
<p>NOTE: If you answer “Yes” to any of the questions below, you must provide an explanation on DBPR 0060 – General Explanatory Description and attach legal documentation, i.e., satisfaction of lien, judgement, payment schedule, etc. If you have been convicted of a felony, you must submit proof of reinstatement of civil rights.</p> <p>The following persons must answer the financial responsibility questionnaire: Qualifying Agent All Owners/Partners</p>								
<p>Have you, or a partnership in which you were a partner, or an authorized representative, or a corporation in which you were an officer or an authorized representative ever:</p>								
<p>1. Undertaken construction contracts or work that a third party, such as a bonding or surety company, completed or made financial settlements?</p>								
<p>2. Had claims or lawsuits filed for unpaid past-due bills by your creditors as a result of construction operations?</p>								
<p>3. Undertaken construction contracts or work which resulted in liens, suits or judgments being filed? (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.)</p>								
<p>4. Had a lien filed against you by the U.S. Internal Revenue Service or Florida Corporate Tax Division?</p>								
<p>5. Made an assignment of assets in settlement of construction obligations for less than the debts outstanding?</p>								
<p>6. 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.)</p>								
<p>7. 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.)</p>								
<p>8. Been convicted or found guilty of or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction? 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.</p>								
<p>Indicate your response by circling “Yes” or “No”</p>								
<p>Question Number: 1 2 3 4 5 6 7 8</p>								
Applicant – Print Name	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Owner/Partner – Print Name	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Owner/Partner – Print Name	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Owner/Partner – Print Name	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Owner/Partner – Print Name	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No



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APPLICANT INFORMATION				
Last Name	First	Middle	Title	Suffix
Social Security Number*		Telephone Number		

APPLYING FOR LICENSURE AS (Select Only One):	
<input type="checkbox"/> Individual – Financial Statement reflects financial condition of APPLICANT.	<input type="checkbox"/> Sole Proprietor – Financial Statement reflects financial condition of COMPANY OR OWNER.
<input type="checkbox"/> Corporation – Financial Statement reflects financial condition of CORPORATION.	<input type="checkbox"/> Partnership – Financial Statement reflects financial condition of PARTNERSHIP.

As part of the Financial Statement, you must provide the following supporting documentation unless you are submitting an audited CPA prepared financial statement:

- **If you are showing inventory, machinery, fixtures and equipment as part of your total assets, you must attach a listing of these items and monetary value of each to this form.**

IF YOU ARE APPLYING TO QUALIFY A CORPORATION, PARTNERSHIP, TRUST OR OTHER LEGAL ENTITY, you must also include documented proof that any property, buildings, vehicles, or life insurance is in the name of the corporation, partnership, trust, or legal entity unless you are submitting an audited CPA prepared financial statement.

*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory 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.

FINANCIAL STATEMENT			
Statement of Financial Condition Of: _____ (Name of Business Being Qualified, if applicable)			
Date of Financial Statement:		FEID Number:	
ASSETS (Omit Cents)		LIABILITIES (Omit Cents)	
1. Cash in Bank – Refer to statement on previous page regarding verification of cash in bank.	\$	14. Accounts Payable	\$
2. Accounts and Notes Receivable	\$	15. Notes Payable to Banks and Others (i.e., vehicles/ equipment/lines of credit, etc.)	\$
3. Inventory, i.e., supplies	\$	16. Mortgages and Bonds Payable	\$
4. US Government Securities	\$	17. Unpaid Taxes	\$
5. Other Current Assets, i.e., vehicles (itemize)	\$	18. Wages & Interest	\$
	\$	19. 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. Cash Surrender Value of Life Insurance	\$		
11. Stock & Bonds	\$		
12. Other Assets (itemize)	\$		
	\$		
13. Total Assets (add items 1 thru 12 above)	\$	20. Total Liabilities (add items 14 thru 19 above)	\$
		21. Net Worth (Subtract Item 20 from Item 13.)	\$
TOTAL from Line 13	\$	TOTAL LIABILITIES/NET WORTH – Add lines 20 and 21	\$

PLEASE NOTE THAT THE TOTAL ASSETS COLUMN AND TOTAL LIABILITIES/NET WORTH COLUMN MUST EQUAL THE SAME AMOUNT.



**STATE OF FLORIDA
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PERSONAL INFORMATION				
Last Name	First	Middle	Title	Suffix
Identify question number on form DBPR 0010 this explanation pertains to:				

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

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

Attach additional sheets as necessary

