

Instructions for completing forms:

1. Type or print all information including payment information. (Visa/MC/Disc/Amex)
2. Print & sign **ALL** documents attached. (Credit Application & Terms of Service)
3. Return all forms (E-mail, Fax or Postal Service) along with a **copy of your test scores**
 Call or email with any questions

Transaction Type: Grandfathering **Sponsoring County :** _____

Applicant Information

I am applying as Active OR Inactive

Applicant _____ Date of Birth _____ Social Security _____
 Home Address _____ Mailing Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Best Contact # _____ Cell _____ Email _____

Do you hold any professional licenses with the State of Florida? Yes (List Below) No
 License Number(s) _____

**If you hold a current active license and you ARE NOT placing the new license with the currently qualified business, you will be required to file under the additional entity guidelines.*

Business To Be Qualified

Is your business currently incorporated or registered in Florida? Yes No
 If "No" would you like to include Corporation/LLC registration service with your application service? Yes No

**Additional Fees will apply* (Please See Fees Listed Below for package prices)*

Business Name _____ FEIN _____
 d/b/a _____
 Address _____ Mailing Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____

Will you as the license holder be Financially Responsible (FRO) for the business qualified? Yes No

If No: Name of Responsible Individual _____ S.S.# _____

If License holder does not take the Financial Responsibility, the business must elect an individual to take the position. A bond in the amount of \$100,000 is required along with additional state fees & credit report requirements.

Is business currently qualified by any other contractors? Yes (list info below) No
 License Number _____ License Number _____

Questionnaire

1. Have you ever been arrested, convicted, found guilty or entered a plea of not-guilty or nolo contendere for any crime regardless if adjudication was withheld? Yes No

Date of Arrest _____ County & State _____ Offense _____
 Date of Arrest _____ County & State _____ Offense _____
 Date of Arrest _____ County & State _____ Offense _____

2. Have you filed or received discharge of Bankruptcy? Yes No Judgements Yes No Liens Yes No
If yes is marked to any, provide discharge, satisfaction or release information

3. Have you had a professional license denied, revoked, surrendered, disciplined or withdrawn? Yes No

4. Have you ever been known by any other name (i.e.: nick name, maiden name or pseudonym)? Yes (List Below) No
 Previous Name _____

Payment Information

Credit Card _____
 Billing Address _____
 City _____ State _____ Zip _____
 Exp _____ V-Code _____

Application Packages include 1 per & 1 bus credit report. Additional fees may apply

Application Package 1	\$549 w/ Credit Reports
Application Package 2	\$849 w/ Corporation/LLC & Credit Reports
Financial Responsible Officer	\$ 99
State Fees-Consturction	\$309
FRO (Fin. Resp Officer)	\$200
State Fees-Electrical	\$205

Signature of Authorized individual _____



13795 N. Nebraska Ave. Tampa, FL 33613
Tel: (813) 932-5244 Fax: (813) 932-3782

www.activatedmylicense.com

Personal & Business
FINANCIAL STABILITY REVIEW
Includes Federal, State and County Public Records Check

Personal & Business reports are always required for active license transactions.

*Complete the personal portion on the license holder and the business portion on the business to be qualified.

***Additional Entity Qualification**, you will only provide the business credit application on the proposed business to be qualified.

< Please check if applying for **PERSONAL**

Name _____ Birth Date _____ SSN _____
 Address _____ City _____ ST _____ Zip _____
 Home Phone _____ Work Phone _____ Email _____
 Previous Address (if less than 2 years) _____ City _____ ST _____ Zip _____
 Have you ever had a Bankruptcy, Judgment(s) or Lien(s) filed against you? Yes No
 Date _____ County _____

If so please fax copy of release of bankruptcy, judgments, or lien to be included in your sealed credit report.

I authorize Contractors Reporting Service Inc. to conduct credit report according to the guidelines of the Fair Credit Reporting Act. I understand Contractors Reporting Service Inc. is not responsible for information contained in, and is unable to change any information in credit report.

Applicant Signature X _____ Date _____

< Please check if applying for **BUSINESS**

Business Name _____
 DBA _____
 Address _____ City _____ ST _____ Zip _____
 County _____ FEIN _____ Phone _____ Fax _____

TITLE	NAMES OF OFFICERS	S.S. NUMBER	CITY / STATE / ZIP	% OWNER

Has business entity ever had a Bankruptcy, Judgment(s) or Lien(s)? Yes No If yes, please fax copy of release with application to be included in report.

(Please list trade references only. Bank/Checking Accounts are not acceptable.)

	NAME OF CREDITOR	PHONE	FAX	ACCOUNT NUMBER
1				
2				
3				
4				

New business less than one year old / No business under this name.

Applicant Signature X _____ Date _____



13795 N Nebraska Ave
Tampa, FL 33613

Application Agreement and Terms of Service

Once all required documentation is returned to Contractors Reporting Service (hereby referred to as **CRS**) your application will be completed and submitted within 3 to 5 business days. All applications are subject to a shipping fee to insure that the application has reached the State of Florida via UPS or any other shipping service deemed necessary.

The Department of Business & Professional Regulations (hereby referred to as D.B.P.R) will process applications per their guidelines. CRS is not responsible for the processing time once an application is received by the State. If the DBPR deems the application to be incomplete, lacking information or has requested additional information, explanations or experience, CRS will work with you in obtaining the requested information at no additional cost to you. This does not apply to any additional State or application fees that may be requested by the DBPR. If your application is required to appear before the Electrical Contractors Licensing Board or the Construction Industry Licensing Board (hereby referred to as "The Board") for approval or review, there will be an additional processing time for your application. This is due to the board schedule and agendas. CRS always recommends "**It is in your best interest**" to attend the board meeting. The "The Board" has sole & final decision regarding the outcome of your application. CRS has no control over the decision or outcome of any application presented before the board nor do we guarantee any approval.

Items requested by CRS must be returned in a timely manor to expedite the application service and processing of your applications. Any application or information provided that has a lapsed time of 6 to 12 months will be subject to an additional \$100 service fee; over 12 months from the start date of the application service will result in a new application service. Once application service is started or commences & you decide to cancel service, you will be billed for consultation at \$125.00, a Service Processing Fee of \$75.00 and any reasonable expense or cost involved or paid by CRS on your behalf. Refunds can take 6-8 weeks to process and will be sent to the mailing or business address provided unless otherwise instructed in writing. Once an application has been received by the DBPR all funds paid or collected by CRS are not eligible for a refund.

Legal Notice(s)

You are hereby informed that it against the law to contract without a license in the State of Florida. You are not allowed to bid, commence, contract or start contracted or non-contracted projects until your license has been issued by the State of Florida.

If you are currently licensed and are making a transfer or additional qualification, you **can not** commence business in the newly established business name until the license approval is obtained from the State of Florida.

(Initial _____)

Disclaimer (When Applicable for initial license applications)

During the application process, CRS may recommend that, due to experience requirements, that it is in your best interest to downgrade your test scores to a lower category of licensure. I understand that by moving forward with my application after consultation from CRS, without downgrading, may result in a board appearance for approval or denial. If denied, CRS will not be held responsible for the denial of the application.

(Initial _____)

Acceptance

By Signing below, I state that I have read & understood the Application Agreement & Terms of Service. I understand that CRS has no control over the decision or outcome of my application by the CILB & that it is my responsibility to return all requested documentation to CRS to complete my application(s) in a timely manor. All information provided by me is true and correct to the best of my knowledge.

Name of Signer: _____ Sign Here: _____

Date: _____