

**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:	Initial	Transfer	Additional Entity	Inactive to Active	Primary	Secondary
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**Applicant Information**

I am applying as  Active OR  Inactive (Applies to Initial License Only)

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 Package 1	\$599 w/ Credit Reports
Application Package 2	\$899 w/ Corporation/LLC & Credit Reports
Financial Responsible Officer	\$ 99
State Fees-Initial	\$249 / \$149 (Pro-rated Schedule)
State Fees-Transfer	\$50
State Fees-Additional Entity	\$209 / \$109 (Pro-rated Schedule)
State Fees -FRO	\$200

Signature of Authorized individual \_\_\_\_\_



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

www.activatemylicense.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.  
If the license holder is not taking the Financial Responsibility for the business to be qualified, complete a separate personal report on the individual taking the responsibility.

\*If applying for an Additional Entity Qualification, you must also provide an additional business credit application on the currently qualified business.

< 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 Construction Industry Licensing Board (hereby referred to as CILB) 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 CILB 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)**

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 & understand 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: \_\_\_\_\_