

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

www.activatemylicense.com

All reports are mailed via USPS unless overnight is selected. Our office is not responsible for mail time or delivery.

Name of Contractor _____ Associated License # _____

WHO FOR:		WHERE WOULD YOU LIKE REPORTS SENT?
<input type="checkbox"/> D.B.P.R. Construction Board	<input type="checkbox"/> Exam/Reciprocity	<input type="checkbox"/> Send to County (_____)
<input type="checkbox"/> D.B.P.R. Electrical Board	<input type="checkbox"/> Change of Status	<input type="checkbox"/> Send Back for Package in a Sealed Envelope
<input type="checkbox"/> County or City _____	<input type="checkbox"/> Bond Renewal	(Mail report(s) to: <input type="checkbox"/> Home OR <input type="checkbox"/> 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 refereces 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 _____

Personal Review \$49	Type Of Card	Credit Card No. _____
Business Review \$79	<input type="checkbox"/> Visa	Exp. Date _____ V Code _____
Combined Review \$99	<input type="checkbox"/> Master Card	Billing Address _____
Business Outside FL \$125	<input type="checkbox"/> Discover	Of Credit Card _____
Overnight (Current UPS Rates Charges)	<input type="checkbox"/> Amex	

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