

Application Information Form

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 & Credit Card Authorization Form)
3. **Return ALL forms** (E-mail, Fax or Postal Service along with a **copy of test scores.**)

Transaction Type: Initial License Active Inactive Transfer of License Additional Entity Inactive to Active

License Holder Information

I will be the Primary qualifier OR I will be the Secondary qualifier

Full Name _____ 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 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

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 "YES" Signature of License Holder Accepting Financial Responsibility: _____

If No: Name of Financial Responsible Officer _____ SS# for F.R.O. _____ D/O/B _____

Is business currently qualified by any other contractors? Yes (List Below) No

License Number(s) _____ License Number(s) _____

License Holder 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 Have you had a professional license denied, revoked, surrendered, disciplined or withdrawn?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 No

Previous Name _____

Financial Responsible Officer Questionnaire (If other than license holder)

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 _____

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 No

Previous Name _____

**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.

< Personal Information on License Holder

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 _____

< Business Information on Entity To Be Qualified

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.

Authorized Officer/Agent 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 ensure 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 (hereby referred to as ECLB) 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 ECLB 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 manner to expedite the application service and processing of your applications. Any application or information provided 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 cannot commence business in the newly established business name until the license approval is obtained from the State of Florida.

Disclaimer (When Applicable)

(Initial _____)

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 manner. I agree to pay all required fees as provided on the itemized service order. I understand that I will receive an updated service order if it changes from the one originally provided.

Name of Signer: _____ Sign Here: _____
Date: _____



CREDIT CARD AUTHORIZATION FORM

Company Name: _____

Contact Name: _____ Title: _____

Name of Cardholder (if different from Contact Name): _____

Type of Card: _____

Card Number: _____

Expiration Date: _____

Card Code: _____

Mailing Address: _____ Billing Address: _____
Check if same as mailing address

Amount Authorized: \$ _____ Service Order#: _____

I hereby authorize Contractors' Reporting Service Inc., (A Florida Corporation, hereby referred to as CRS) to bill all charges related to products and/or services provided by CRS to my card listed above, and I agree to pay these charges according to the card holder agreement. I have read and hereby agree to the CRS Application Agreement & Terms of Service, Refund and Credit Card Policy attached. I hereby irrevocably authorize and instruct my card issuer to deny any chargeback requests relating to this charge authorization at anytime and for any reason. I agree that my fax transmission of this signed agreement is mutually acceptable and legally binding.

Card Holder's Signature

Date

For your convenience, You may also make your payment on our web site: