



Application for a Change of Status

Thank you for your continued interest to operate your business in Palm Beach County. This application for an applicant making changes to a current or previously licensed company. The fee to apply is \$450.00-\$500.00 depending on the type of application change you are requesting. The application package includes the following:

- Application - Sections 1 thru 8 (pages 1-7)
- Step by Step Application Instructions (pages 1-6)
- Required Forms
 1. *Corporate Officer Affidavit (Optional)*
 2. *Financial Statement*
- Informational References
 1. *Background Fingerprint Service Providers*
 2. *Financial Responsibility & Stability (Optional)*

CONSTRUCTION INDUSTRY LICENSING BOARD OF PALM BEACH COUNTY

(Contractors Certification Division –PZ&B)

2300 N Jog Road, 2nd Floor, Suite 2W-61,

West Palm Beach, FL 33411

Phone: (561) 233-5525



CHANGE OF STATUS APPLICATION

2.1 Photograph	Received Date <i>(Office Use Only)</i>
(Attach photo in this area)	
Application Number: <i>(Office Use Only)</i>	

Please type or print all information clearly; complete all sections of the application in its entirety in blue or black ink. Anything that does not apply fill in with N/A. Additional information for each section outlined in the step-by-step application instructions.

Section 1 – Application Information	
1.1 Application Type (Choose One):	
a) <input type="checkbox"/> Change the Company Name (using same FEIN) b) <input type="checkbox"/> New Company Entity (new FEIN issued) c) <input type="checkbox"/> Activate an Inactive Certificate d) <input type="checkbox"/> Reinstate an Expired Certificate, plus late fees (if applicable) e) <input type="checkbox"/> Qualify an Additional Company	
1.2 Current Certificate of Competency Number:	
U: _____	
1.3 Certificate Status:	
Certificate to be issued: <input type="checkbox"/> Active or <input type="checkbox"/> Inactive	

Section 2 – Personal Information		
2.2 Full Legal Name		
First:	Middle:	Last:
Birth Date: (mm/dd/yyyy)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
2.3 Citizenship Status		
U.S. Social Security #:	Driver's License #:	Issuing State:
Place of Birth:		
Citizen of the United States? (if no, provide documentation as to residency status)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		



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2.4 Residential Address		
Street Address: (No PO Box)		
City:	State:	Zip code:
2.5 Contact Information		
Contact number:		
Email:		

Section 3 – Business Information			
3.1 Company Information			
Company's Full Legal Name:		INC/CORP/LLC (if applicable)	
d/b/a (if applicable):			
Business Address: (No PO Box)		Suite:	Business Phone:
City:	State:	Zip Code:	Business Fax:
Date Company Established:		Federal Employee Identification Number:(FEIN)	
3.2 Business Questionnaire			
a. I am qualifying for a (choose one): <input type="checkbox"/> Partnership/Corporation or LLC <input type="checkbox"/> Sole Proprietorship			
b. Will you as the qualify agent have any ownership in the firm? <input type="checkbox"/> Yes (c) <input type="checkbox"/> No (d)			
c. If yes, what percentage (%)?			
If you are qualifying an additional company, please furnish an affidavit of ownership (sample upon request), and stock certificates for each officer.			
d. If No, please explain:			



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e. Will you be supervising employees of this company (check one): Yes (f) No (g)

f. If yes, please provide the number of employees and their duties.

g. If No, please explain:

h. Please describe your supervision duty under your trade, (only if you answered, Yes on e):

3.3 Complete this section if you are qualifying a Corporation or an LLC:			
Title (ex.Pres)	Officer or Member Name	Home Address, City, State, Zip	Contact number

3.4 Corporate Officer Affidavit Form (Optional)
 Complete form if you have filled out section 3.4 with information other than the applicants.

(intentionally left blank)



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Section 4 –Criminal Background	
4.1 Have you applied for your livescan fingerprints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 Have you ever been convicted or found guilty of, or entered a plea of guilty or <i>nolo</i> contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or federal including felony, misdemeanor and traffic offenses (but not to include 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 your records are expunged or sealed by court order pursuant to section 943.0585 or 943.059 of Florida Statute or the applicable law of another state, proof of expungement may need to be provided if the expunged records appear on a background check. 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 of your application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 Have you ever had any construction related trade certificate of competency license denied, or is there now pending a proceeding or investigation to deny such an application from any construction related certificate of competency licensee authority (Federal, State, County or Municipal) within the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4 Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5 Have you ever been issued a Notice of Non-Compliance, Notice of Violation, a Citation, or received any disciplinary action, construction related (including a fine(s) or reprimand) by any State, County or Municipal Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 5- Explanation Section Background Summary (Only if applicable)	
Offense:	
County:	State:
Penalty/(Disposition/Sentence):	
Date of Offense: (mm/dd/yyyy)	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	



CHANGE OF STATUS APPLICATION

Section 6–Financial Responsibility & Stability	
6.1 Business Worthiness	
<p>Are there any pending bankruptcies, unsatisfied judgements or liens against a business you previously qualified, which were filed during your period of qualification or the business you are applying to qualify?</p> <p>This question applies to any unpaid judgements or liens, including those for unpaid past due bills by creditors, construction and non-construction issues and tax liens.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above question, please complete section below, explain in detail, and include any supporting legal documents. If necessary, include explanation on a separate sheet.	
Type of Event:	
County:	State:
Date of Event: (mm/dd/yyyy)	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	
6.2 Credit Reports/Credit Score	
Have you applied for your credit reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the submitted credit report show a credit score of 660 or higher? (If no, please follow instructions and complete Section 6.3)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.3 Financial Responsibility Course (Optional for applicants with scores below 660)	
Have you completed a 14- hour financial responsibility course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.4 Financial Statement (Required Form)	
Section 7- Qualifiers Responsibility (Terms & Conditions)	
7.1 I agree to authorize the CILB and its agents to obtain such additional information concerning applicant's financial condition, credit worthiness, criminal background report and experience as necessary from any source dealing with the applicant, even though said information might be deemed confidential	
7.2 I understand that if my application is denied because I do not meet the application criteria, I forfeit the application review fee.	
7.3 I understand that I may withdraw my application prior to Board review provided that I submit a written request at least (2) two business days prior to the meeting date when my application is scheduled and then I will only be entitled to receive a 50% application fee refund.	
7.4 I understand that if my application is not completed by the deadline date I will have (45) forty-five days from application review date to complete the process. Otherwise, I forfeit any fees paid and I will have to commence again if not deemed complete. (1D)	
7.5 I understand that I will have thirteen (13) months once application has been approved by the Board to complete any additional requirements for license issuance. Otherwise, my application becomes null and void. (1F)	



CHANGE OF STATUS APPLICATION

7.6 I understand that the business name shall not be misleading as to the scope of certification held.
7.7 In applying to qualify a company, corporation, partnership, limited partnership, or any type of business entity, I understand that I, as qualifying agent, am completely responsible for the actions of said business entity as they relate to its construction business.
7.8 I understand that the CILB, by the authority granted to it, by the Special Act 67-1876, as amended, holds the qualifying agent (applicant) responsible for supervision of the sites as well as financial aspects of the entity's construction business, including, but not limited to, payment to subcontractors, suppliers, employees and Federal and State taxes.
7.9 I understand that the Construction Industry Licensing Board of Palm Beach County holds me, as qualifying agent, responsible for any violation of Sections 10 and 11 of the Special Act 67-1876, which may be committed by the business entity I qualify. Section 10 of the Special Act 67-1876 sets forth various prohibited activities and Section 11 identifies those acts for which disciplinary action may be warranted.
7.10 I certify that I will notify the CILB, in writing within 10 days if I as qualifying agent sever connections with the entity, or if I am no longer actively supervising the construction or installation work under contract.
7.11 I certify that I will act for the partnership, firm or corporation for which I am qualifying in all matters concerning the contracting business, and I will actively supervise all construction work and be responsible for ascertaining that all such work is completed according to approved plans, applicable codes and good construction practices.
7.12 I certify that I will act only for myself and that I am legally qualified to act on behalf of the business organization sought to be certified in all matters connected with its contracting business and that I have full authority to supervise construction undertaken by myself or such business organization and that I will continue during this certification to be able to so bind said business organization. If at any time during this certification, I cease to be able to so bind or act for the business organization, I will notify the CILB in writing within 10 days.
7.13 Falsification of any information herein, including all supplemental pages and attachments, are grounds for disqualification. An application which is found to contain false information, a material misstatement or misrepresentation shall be denied by the Director or authorized designee and the applicant shall not be allowed to submit a new application for 12 months. (1C)
7.14 I have read and fully understand all the terms and conditions 1 through 13 outlined and referenced in Section 7. I am acknowledging the information and in agreement with the outlined terms and conditions in compliance with Chapter 67-1876 Special Act, Laws of Florida, as amended, and Rules and Regulations for Palm Beach County. _____Applicants Initials

(Intentionally left blank)



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Section 8 - Declaration of Written Affirmation

AFFIRMATION BY WRITTEN DECLARATION

I certify that I am empowered to execute this application as required under the provisions of Chapter 67-1876 Special Act, Laws of Florida, as amended, defining, regulating and governing contractors within the County of Palm Beach, Florida; I hereby apply for a certificate of competency to qualify as a contractor in Palm Beach County, Florida.

The undersigned hereby makes application for certification under the provisions of the Palm Beach County Certification Law, Chapter 67-1876, Special Act, Laws of Florida, as amended, and vouches for the truth and accuracy of all statements and answers herein.

I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true.

I understand that falsification of any material information on this application may result in disqualification or administrative action, including denial, a fine, suspension or revocation of the license.

Signature

Date

Print Name

(Intentionally left blank)



*Change of Status Application
Step-by-Step Instructions*

STEP-BY-STEP CHANGE OF STATUS APPLICATION INSTRUCTIONS

Thank you for your continued interest in operating your business in Palm Beach County. This application is for an applicant making changes to a current or previously licensed company.

Please type or print all information clearly in blue or black ink; complete all sections pages 1 through 7 of the application in its entirety, place an N/A in sections that do not apply. Application is also available via website in fillable form.

Follow Step-by-Step instruction per section, any information that is omitted or incomplete may delay your certification process. Application is to be returned with required forms and documents.

➤ **Application Fee \$450.00-\$500.00:**

The total application fee of the license you are applying for is \$450.00-\$500.00 depending on the type of application change you are requesting. One application fee may apply to more than one change.

<input type="checkbox"/> Change of Company Name (same FEIN number)	\$450.00
<input type="checkbox"/> New Company (new FEIN number)	\$450.00
<input type="checkbox"/> Activate an Inactive Certificate	\$450.00
<input type="checkbox"/> Reinstate an Expired Certificate; plus late fees (if applicable)	\$450.00
<input type="checkbox"/> Qualify an Additional Company	\$500.00

Once an application is received in the office, information will be input into the system creating a tracking number (ex. CC-2019-xxx). You will receive a confirmation email that 50% (\$225.00 or \$250.00) payment is due to commence the review process. Reviews are processed in the order they are received.

Payment is accepted in the form of credit card via online payment by visiting <http://discover.pbcgov.org/pzb/contractors> clicking the *I Want To* link and then clicking the link titled *Pay Fees Online*.

Or you may visit the cashier to pay in cash or check at Planning, Zoning and Building - 2300 N. Jog Rd, 1st Floor Cashier Booth, Room 1E-14, West Palm Beach, FL 33411.

If you would like to mail the payment, please include your application number on the check or money order and mail to Planning, Zoning and Building, **c/o Accounting** at 2300 N. Jog Rd, West Palm Beach, FL 33411

Make sure to reference the CC number assigned to your application on any form of payment or correspondence.

CHANGE OF STATUS INSTRUCTIONS

Section 1- Application Information

1.1 Application Type- Please explain the type of application for which you are applying

a) **Change of Company Name:**

Complete if changing the name of the presently licensed company with the same FEIN number.

b) **New Company Entity:**

Complete if qualifying a new company with a different FEIN number from what is on file

c) **Activate an Inactive Certificate:**

Complete this choice if you are currently licensed as an Inactive Status and wish to open your operational business to contract.

d) **Reinstate an Expired Certificate:**

Complete this choice if you had previously had a Palm Beach County issued license that expired less than 2 years ago and want to bring your status to Active. Reinstating your expired certificate will include late renewal fees and amount will vary depending on amount of time expired.

➤ A certificate expired beyond two (2) years will require an application and examination.

e) **Qualify an Additional Company:**

Complete this choice if you are applying to qualify an additional company in the same trade, to operate separately from the currently established company.

In order to qualify more than one business organization, the qualifying agent shall be a principal stockholder, partner or owner of the subsequent business organization.

1.2 Current Certificate of Competency Number:

Please indicate the current license number that is issued to your company for Palm Beach County.

1.3 Certificate Status:

Please indicate how the license is to be issued, Active Status or an Inactive Status.

- An inactive status means you are licensed but not actively engaged in the trade and cannot contract.
- To activate an inactive license, a Change of Status Application must be completed and submitted for Board approval.

Section 2 – Personal Information

2.1 Photograph:

Please attach a 2”x 2” full-face color passport size photo. The license issued by this office will include this picture. Background for photograph must be white.

2.2 Full Legal Name

Please complete by providing your full legal name; make sure to include your middle name or initial if you have one. Name must match all other official identification and documents submitted.

2.3 Citizenship Status:

In this section, provide social security number, driver’s license information, state in which you were issued your driver’s license, place of birth and citizenship. Copies will be required to be furnished.

CHANGE OF STATUS INSTRUCTIONS

Disclaimer:

COLLECTION OF SOCIAL SECURITY NUMBERS FOR GOVERNMENT PURPOSES: 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 409.2677 AND 409.2598, FLORIDA STATUTES, TO ALLOW EFFICIENT SCREENING OF APPLICANTS AND LICENSES 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).

2.4 Residential Address:

Please list the full permanent physical address of your residence and not of your business, if different. Do not list a Postal Office (PO) address.

2.5 Contact Information:

Please list a primary contact telephone number for the applicant and a primary e-mail. E-mails are now a mandatory field and will be used to create your online portal account.

link: <https://www.pbcgov.org/ePZB.Admin.WebSPA/>

Section 3- Business Information

3.1 Company Information:

Complete company's legal name as filed with the Secretary of State including "Doing Business As" d/b/a (fictitious name) if applicable. Keep in mind that the business name must not be misleading to trade applying for.

3.2 Business Questionnaire:

Complete all questions a-h relating to the company you are qualifying. Answers provided will determine which entity you are qualifying, ownership, level of supervision, and any additional licenses the qualifier may hold.

3.3 Corporation or LLC:

Please list all officers as listed on Sunbiz and include title held, name, address and phone numbers. (if applicable)

3.4 Corporate Officer Affidavit Form (Optional)

This form is required if there is a corporate officer involved in the company as outlined in section 3.4 other than the applicant. Please make sure that the additional form is completed and notarized (if applicable).

Section 4- Criminal Background

4.1 Applicant is required to provide a Livescan Fingerprint, please make sure you file for your criminal background check prior to submitting an application. please reference the additional reference -*Background Fingerprint Service Providers*

4.2 Please answer question accordingly to anything that may show up on the background fingerprinting report.

4.3 Please answer question accordingly if you have ever had any construction license denied at a Federal, State, County, or Municipal level.

4.4 Please answer question accordingly if you have ever had a license revoked, annulled, suspended, relinquished surrendered or disciplined.

4.5 Please answer question accordingly to any notice of noncompliance, notice of violation, citation or disciplinary action received that is construction related.

CHANGE OF STATUS INSTRUCTIONS

Section 5- Explanation Section

If you answered **yes** to any questions outlined in Section 4, please fill out this section. If there are multiple offenses that need explanation, please include on an additional sheet of paper. Make sure you include any supporting documents.

Section 6- Financial Responsibility

6.1 **Business Worthiness:**

Please answer accordingly as to questions related to any bankruptcies, lawsuits, unsatisfied judgments or liens against the company you are to qualify or a company previously qualified.

6.2 **Credit Reports/Credit Score:**

Applicants must request a credit report containing a credit score (FICO derived) from a nationally recognized credit report agency, which includes a public records statement that records have been check at local, state and federal levels.

Credit reports that are obtained from an internet site and/or are self-generated will not accepted. (ex. Experian/Equifax/TransUnion).

The ordering of the credit reports is a required part of the application process; the results must be sent to the office prior to application submittal; reports are valid for **90 days** only. Financial responsibility & stability can be demonstrated by an obtained (FICO) credit score of 660 or higher.

Credit Reports required are (1) one on the applicant, (1) one on the new company and (1) on the company previously qualified. If the company is **less than < 6 months old**, then you must request (1) one on the applicant and (1) one on each officer.

Partial List of Nationally Recognized Credit Reporting Agencies (This list is not all-inclusive. Please see disclaimer below)

Associated Credit Reporting Inc.	1-800-676-7640	Sunrise
Credit Check, Inc.	1-877-616-5556	West Palm Beach
Licenses Etc.	239-777-1028	Naples
Lumbermen's	1-800-496-4826	Ft. Lauderdale
<i>Disclaimer:</i> We cannot recommend or endorse a particular Nationally Recognized Credit Reporting Agency. The list provided above includes agencies in this area that we are aware of that currently meet the Board's reporting requirements. It is provided solely as a courtesy to assist you in locating resources.		

6.3 **Financial Responsibility Course (Optional)**

Applicants with a FICO credit score between 580 to 659 may still meet the financial responsibility requirement by obtaining a certificate of completion of an approved 14-hour financial responsibility course from an approved provider. Please complete this section and contact one of the providers on the #Financial Responsibility & Stability Providers for further instruction.

6.4 **Financial Statement (Required Form)**

To demonstrate the ability to run your business, you will be required to list the current assets, fixed assets, current liabilities, and long-term liabilities to determine the net worth of your business you are qualifying. The applicant is to list the name of the company including a d/b/a if applicable.

CHANGE OF STATUS INSTRUCTIONS

A Sole Proprietor (Individual)

If business is to be in the applicant's name only (ex. John Jones) or a fictitious name (d/b/a), fill in as a personal financial statement.

Net worth Requirement guideline per trade:

General, Building, & Residential	\$20,000.00
Carpentry, Demolition, Electrical, HARV, Plumbing, Roofing, Structural Steel, Swimming Pool Construction & Underground Utilities	\$10,000.00
Marine	\$5,000.00
All other Specialty Trades	\$2,500.00

Net Worth is determined by trade as shown above and shall be defined as having a minimum of 50% in cash at the ending balance of the bank statement, the other 50% can be shown in fixed assets. Include a current company bank statement or bank letter (if applicable, bank letter is for a newly established business not yet having been issued a statement.)

Section 7- Qualifiers Responsibility (Terms & Conditions)

This section acknowledges the responsibilities of the qualifier as deemed in Chapter 67-1876 Special Act, and Laws of Florida, as amended and Rules and Regulations for Palm Beach County Contractors. Please read each carefully numbered 1-13 and acknowledge by initialing electronically.

Section 8- Declaration of Written Affirmation

Applicant must sign the affirmation by written declaration to complete the application.

- Once application is complete upon the sufficiency review, you will be notified by email as to final payment and scheduling of a CILB meeting. It is required that the applicant be present the day the Board reviews their application should any additional information need to be provided via sworn testimony

Checklist for application submittal

The following documents must be furnished upon submittal of your application for review, any missing or omitted documentation will further delay the process for approval.

Section 2

- Photograph attached
- Copy of applicant's driver's license
- Copy of signed social security card
- Copy of resident alien card, working visa documents, etc. (if applicable)

Section 3

- Copy of company page from Sunbiz.org, will show when company was established
- Copy of annual report from Sunbiz.org, will show if a company is current
- Copy of federal employee identification number issued to the company by the IRS

CHANGE OF STATUS INSTRUCTIONS

- Copy of fictitious name registration from Sunbiz.org (if applicable)
- Corporate Officer Affidavit Form (if applicable)
- Proof of Ownership, if qualifying an additional company (furnish shares certificates, affidavit of ownership (sample upon request), if applicable)

Section 4

- make sure you have applied for your livescan fingerprints and results have been sent to the office.

Section 5 (if applicable)

- supporting legal documentation (if applicable)

Section 6

- Supporting legal documents as to bankruptcy filing, satisfactions of liens, etc. (if applicable)
- Credit report on applicant
- Credit report on business
- Credit report on company previously qualified
- Credit report on each corporate officer (if applicable)
- 14 hour financial responsibility course certificate of completion for credit scores 580-659 (if applicable)
- *Financial Statement* (Required Form)



*Change of Status Application
Required Forms*

- 1. Corporate Officer Affidavit Form (Optional)*
- 2. Financial Statement*



Corporate Officer Affidavit (Optional)

This form is for when there is a corporate officer involved in the company as outlined in section 3.3 of the application other than the applicant.

Name of Applicant:
Name of Corporate Officer:
Full Company Name:

I, (corporate officer) _____ hereby do certify that
 (applicant) _____ will be the qualifying agent
 for (company name) _____
 at (company address) _____
 City _____ State _____ Zip _____

In addition, that he/she has the authority to act for the firm or corporation in all matters connected with our contracting business. To take the qualifying examination, to qualify the company and will supervise the construction or installation contracted for, under the Certificate of Competency issued.

I further certify that I, as the corporate officer, am responsible for immediately notifying the Construction Industry Licensing Board of Palm Beach County, if the above named qualifying agent shall sever connections with the firm or is no longer actively supervising the construction or installation of work under contract. As outlined in Section 2(O) and 6 (C) of the Special Act, Laws of Florida as amended.

Signature of Corporate Officer Date

STATE OF } _____
COUNTY OF } _____

Subscribed and sworn to (or affirmed) before me on (date) _____

By (name of corporate officer) _____. He/she is personally known to me or has presented _____ (type of identification) as identification.

 (NOTARY'S SIGNATURE AND SEAL)



Financial Statement

- Please complete all sections; look at step-by-step instructions as to requirements. Make sure to include the most current company bank statement or bank letter (if applicable).

Partnership / Corporation or LLC

Sole Proprietor

Applicant Name:
Company's Full Legal Name: INC/CORP/LLC (include d/b/a if applicable)

Section 1- Current Assets

Cash (ending bank statement balance)	\$ _____
Notes Receivable	\$ _____
Accounts Receivable	\$ _____
Stocks	\$ _____
Inventories	\$ _____
Total Current Assets	\$ _____

Section 2- Fixed Assets

Office Equipment	\$ _____
Cars, Trucks, & Equipment	\$ _____
Real Estate (company owned for a business)	\$ _____
Total Fixed Assets	\$ _____

Current Assets (1) + Total Fixed (2) Assets = A. \$

Section 3- Current Liabilities

Notes Payable (within 1 year)	\$ _____
Accounts Payable	\$ _____
Accrued Taxes	\$ _____
Total Current Liabilities	\$ _____

Section 4- Long Term Liabilities

Notes Payable (due in more than 1 year)	\$ _____
Mortgage Payable	\$ _____
Other Liabilities	\$ _____
Total Long Term Liabilities	\$ _____

Current Liabilities (3) + Total Long Term (4) Liabilities = B. \$

Section 5- Net Worth

+ A. Total Assets:	\$ _____
- B. Total Liabilities:	\$ _____
= C. <i>Company Net Worth must equal the Trade requirement</i>	C. \$

I certify that the information provided on this *Financial Statement* is true and correct.

Printed Name:	Date:	Qualifiers Signature:
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Change of Status Application Informational References

- 1. Background Fingerprint Service Providers*
- 2. Financial Responsibility & Stability (Optional)*



Contractors Certification Division
Planning, Zoning & Building
2300 N. Jog Road, 2nd Floor Suite 2W-61
West Palm Beach, FL 33411
Office (561) 233-5525
Email: PZBCCERT@pbcgov.org
Website: www.pbcgov.org/pzb/contractors

Background Fingerprint Service Providers

Effective 10/1/2015, the Construction Industry Licensing Board (CILB) implemented a new ruling to perform livescan fingerprints during the application and/or renewal of a county license. You must obtain fingerprints to comply with the application requiring a criminal background check for all applicants.

Below is the Florida Department of Law Enforcement (FDLE) website, which you may use to locate a livescan fingerprinting provider:

http://www.fdle.state.fl.us/Criminal-History-Records/Documents/InternetDoc_ServiceProviders_June.aspx

The approved Livescan Providers link is maintained by the Florida Department of Law Enforcement (FDLE). <http://www.fdle.state.fl.us/Criminal-History-Records/Registered-LiveScan-Submitters>

- You may also check with your local law enforcement agencies, such as police departments and sheriff's offices to see if they provide livescan fingerprinting.
- The Palm Beach County Identifier (ORI Number) is **FL750157Z**. This number must be given to the fingerprinting provider in order for Contractors Certification to receive the results. Confirm with the Provider, *prior to selection*, that they can process your fingerprints using our ORI number.
- Contractors Certification must receive the fingerprint results prior to application review. *Please feel free to provide a copy of this document to the Fingerprint Provider.*

CILB Rule #7 Criminal Record:

- (A.) Criminal Background Checks: are to demonstrate that the applicant is of good moral character and is fit for licensure, the applicant must submit to a Level 2 criminal background check conducted by the Florida Department of Law Enforcement and the Federal Bureau of Investigation. The cost of the criminal background check is to be covered by the applicant.

If the applicant is found to have a criminal background, the Board may deny issuance of a certificate of competency based upon:

- (1.) the relationship of the crime to contracting;
- (2.) the severity of the crime; or
- (3.) the potential for public harm.

However, the Board may consider as mitigating factors:

- (1.) the length of time since the commission of the crime; and
- (2.) evidence of rehabilitation of the applicant.

The Board may not deny licensure to an applicant based solely upon a conviction or the applicant's failure to provide proof of restoration of civil rights. **In determining the issuance of a re-certification, the Board may require the licensed contractor to submit to a criminal background check.**



Financial Responsibility & Stability

As of 10/1/2015, the Construction Industry Licensing Board (CILB) has implemented a new ruling to obtain credit score criteria as part of the application process. You must submit a credit report (FICO derived) from a nationally recognized credit report agency, which includes a public records statement that records have been check at local, state and federal levels.

You must meet a credit score of 660 or higher in order for your application to be considered. Applicants with a credit score between 580 to 659 have two (2) options; (1) submit application once a credit score of 660 is obtained, or (2) pass a Florida CILB approved 14-hour financial responsibility course. Should you choose option (2) you must contact an approved financial responsibility course entity by going to the web link listed below.

Approved 14-hour Financial Responsibility Courses link:

http://www.myfloridalicense.com/dbpr/servop/testing/documents/cilb_ce_prov.pdf

The approved Financial Responsibility Courses link is maintained by the Florida Department of Business and Professional Regulation (DBPR).

- Contractors Certification must receive the Certificate of Completion with your application for review.

CILB Rule #6: Credit Reputation

- B. Credit Scores: Applicants with a credit score of 660 or higher meet the minimum credit reputation requirements for licensure. Applicants with a credit score between 580 to 659, must pass a Florida CILB approved 14-hour financial responsibility course and provide certification at time of application to meet credit reputation requirements for licensure; failure to do so will render the application incomplete. Applicants with a credit score below 580 or with no credit history do not meet the minimum credit reputation requirements for licensure and the application will be administratively denied by the Director. Unless otherwise prohibited by these Rules or the Special Act, the applicant may apply for licensure to the CILB again once the credit score is 580 or above.