

**State of Florida
Department of Business and Professional Regulation
Asbestos Licensing Unit
Request for Change of Status
Form # DBPR ALU 4**

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION REQUIREMENTS
<p>ALL License Applicants must submit:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The appropriate fee. See Section 1 of Instructions. <input type="checkbox"/> Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable. <input type="checkbox"/> Supporting legal documentation, if necessary. See Section 2(h) and (i) of Instructions. <input type="checkbox"/> Credit report from any nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state, and federal levels, not older than 6 months. <input type="checkbox"/> Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable. <input type="checkbox"/> Submit a Statement of Bonding Limits or an Irrevocable Letter of Credit or a Compliance Bond made payable to the Department of Business and Professional Regulation in the amount of \$10,000. <p>If you are applying with a Financially Responsible Officer, you must also complete Sections XI-XII of this application. The Financially Responsible Officer must also answer the background questions in Sections VII-IX.</p>

Please mail your completed application, documentation and required fee(s) to:
 Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0783

INSTRUCTIONS

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

1. Fees

- i. Change or Add a Qualifying Agent to an Existing Business: \$100.
- ii. Change or Add a Qualifying Agent to a New Business: \$805.
- iii. Reactivation to Individual: \$200.
- iv. Reactivation to Qualify an Existing Business: \$300.
- v. Reactivation to Qualify a New Business: \$1,005.
- vi. Reactivation to Individual: \$200.
- vii. Transfer Business License Name to New Business Name: \$200.
- viii. Make all checks payable to the Department of Business and Professional Regulation.

2. Application Instructions (by section)

Section I- Application Type

- i. **Change or Add a Qualifying Agent to an Existing Business.**
 - (1) Select this application type if you are changing or adding a qualifying agent to an existing business.
- ii. **Change or Add a Qualifying Agent to a New Business.**
 - (1) Select this application type if you changing or adding a qualifying agent to a new business.
- iii. **Change from a Business to an Individual.**
 - (1) Select this application type if you are changing your license from a business to an individual.
- iv. **Reactivation to Qualify an Existing Business.**
 - (1) Select this application type if you are reactivating your license and wish to qualify an existing business.
- v. **Reactivation to Qualify a New Business.**
 - (1) Select this application type if you are reactivating your license and wish to qualify a new business.

- vi. **Reactivation to Individual.**
 - (1) Select this application type if you hold an inactive Asbestos license and want to change to an active status.
- vii. **Transfer Business License Name to New Business Name.**
 - (1) Select this application type if you are changing your current business name to a new business name. In Section IV list your new business to be qualified information. All sections of this application must be completed for this transaction.

b. Section II- Applicant Personal Information

- i. Fill out each section completely. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
- ii. In the Full Legal Name section provide your full legal name as it appears on your Social Security card. Do not use any nicknames or initials. Please list any aliases or prior names in the prior name information section.
- iii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- iv. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
- v. Applicants are required to provide at least one physical address – i.e., not a P.O. Box. If the mailing address is not also your physical address, please provide a physical address.
- vi. Active applicants are required to provide the address of their business location.
- vii. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
- viii. Applicants must provide information on current or prior licenses held in Florida or any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.
- ix. Applicants must provide the license number and state of any business or professional licenses currently or previously held.
- x. Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant's legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.

c. Section III- Insurance Coverage- Active Status Applicants Only

- i. Complete this section entirely.
- ii. Applicants must have adequate workers' compensation and liability insurance.
 - (1) Amounts for general liability insurance are specified in the application. Amounts for workers' compensation insurance are outlined in Chapter 440, Florida Statutes.
 - (2) For more information, see Section 469.006, Florida Statutes, and Rule 61E1-4.003, Florida Administrative Code.
- iii. To verify the accuracy of the signed affidavit, the Board will, from time to time, conduct random sample audits of licensees by zip code area in which the total number of certificates and registrations selected for audit will be in a sufficient amount to insure the validity of the audit.

d. Section IV – Business to be Qualified Information

- i. Provide business name, D/B/A, Federal Employer ID Number (FEID), business type.
- ii. Indicate if the business is already qualified and if so, provide the qualifiers name and license number. List the business license number.
- iii. Provide the mailing address, business contact information and business location if different than mailing address.

e. Section V – Primary Qualifier Information

- i. Provide the primary qualifying agent's name, license number and indicate if they have final approval authority on all business matters. If you selected "no", indicate if the business already has a Financially Responsible Officer.
- ii. If the primary qualifying agent does not have final approval authority on all business matters and the business does not already have a Financially Responsible Officer, you must appoint one by completing Sections XI-XII of this application. The Financially Responsible Officer must also complete the Background Questions, Sections VII-IX.

f. Section VI – Secondary Qualifier Information (Optional)

- i. Complete this section only if you have legally appointed a secondary qualifier and this consultant or contractor is only responsible for the supervision of construction work performed by the entity as provided in Section 489.119(2), FS.

g. Section VII- Background Questions

- i. Applicants and all authorized representatives must submit answers to each of the background questions.
- ii. For each "Yes" answer the person must provide an explanation in Section X or XI, as applicable.

h. Section VIII- Explanations for Background Questions 1 and 2

- i. For these sections, provide as much detail as possible.
- ii. **Question 1:**
 - (1) If you answer "yes" to this question, you must complete Section VIII [*make additional copies as necessary*] of the application please provide the full details of the criminal charges including dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending. If you answer NO to this question because you believe that previous incidents have been dismissed, no action taken, nolle prossed, or expunged, you may be asked to supply documentation as proof of the disposition.
- iii. **Question 2:**
 - (1) If you answer "yes" to this question, you must complete Section VIII [*make additional copies as necessary*] of the application and you must also supply documentation proving the bankruptcy has been discharged or the judgment or lien has been satisfied, or if not, stating the current status of the bankruptcy, judgment or lien.
- iv. Submit supporting legal documentation, if necessary, with this application.

i. Section IX Explanations for Background Questions 3 and 4

- i. For these sections, provide as much detail as possible.
- ii. **Question 3:**
 - (1) If you answer "yes" to this question, you must complete Section IX [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
 - (2) Provide the full details explaining the denial or pending administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application.
- iii. **Question 4:**
 - (1) If you answer "yes" to this question, you must complete Section IX [*make additional copies as necessary*] of the application and supply copies of the order(s) (if applicable) showing the disciplinary action taken against the license or documentation showing the status of the pending action.
 - (2) Provide the full details of any administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application.

- iv. Submit supporting legal documentation, if necessary, with this application.

j. Section X- Affirmation by Written Declaration

- i. Applicant must sign the affirmation by written declaration.

k. Section XI – Financially Responsible Officer Application

- i. Complete Sections XI-XII only if appointing a Financially Responsible Officer.
- ii. Provide the Financially Responsible Officer's Social Security number, name, gender, mailing address, contact information and prior name information.
- iii. The Financially Responsible Officer must also answer the background questions in Sections VII-IX.

l. Section XII – Financially Responsible Officer Affirmation by Written Declaration

- i. Financially Responsible Officer applicant must sign the affirmation by written declaration.

3. Financial Responsibility, Credit and Business Reputation Requirements

- i. In order that the Department may carry out its statutory duty to investigate the **financial responsibility**, credit and business reputation of a new applicant for licensure, an applicant shall be required to forward a business credit report with public records statement and either a statement of bond ability for the company or irrevocable letter of credit for \$10,000 or more to the Department.
- ii. **Financial responsibility** – this requirement is met if the submitted credit report shows no outstanding unsatisfied judgments or liens against the applicant.
- iii. **Applicants must submit proof of satisfaction of liens, judgments, and discharge of bankruptcy if these are shown on the credit report.**

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For additional information see the Instructions at the end of this application.

Section I – Application Type

CHECK ONE OF THE APPLICATION TYPES	
<input type="checkbox"/> Change or Add Qualifying Agent to an Existing Business [5903/3022]	<input type="checkbox"/> Change or Add Qualifying Agent to a New Business [5903/1030]
<input type="checkbox"/> Change from Business to Individual [5903/3021]	<input type="checkbox"/> Reactivation to Qualify an Existing Business [3020]
<input type="checkbox"/> Reactivation to Qualify a New Business [5902/3020]	<input type="checkbox"/> Reactivation to Individual [3020]
<input type="checkbox"/> Transfer Business License Name to New Business Name [5903/3021]	

Section II – Applicant Personal Information

PERSONAL INFORMATION				
Social Security Number*				
FULL LEGAL NAME				
Last Name	First	Middle	Title	Suffix
Birth Date (MM/DD/YYYY) / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
PHYSICAL ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Section II – Applicant Personal Information – continued

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number	Fax Number
Alternate E-Mail Address	

CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	

PRIOR NAME INFORMATION				
Have you used, been known as, or are currently known by another name (example - maiden name, nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If your answer is yes, state name or names used below:				
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix

Section III – Insurance and Workers' Compensation Coverage –

INSURANCE AND WORKERS COMPENSATION COVERAGE
Do not complete this section if you selected Inactive in Section I.
Minimum amounts required for insurance: Public Liability Insurance \$100,000/\$300,000; and Property Damage Insurance \$100,000/\$300,000
Have you obtained public liability and property damage insurance in the amounts as specified above? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you obtained, prior to contracting, workers' compensation or an appropriate exemption as provided in Section 440.05, Florida Statutes, and if not, do you attest that you will obtain an exemption within 30 days after your license is issued? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section IV – Business to be Qualified Information

BUSINESS TO BE QUALIFIED		
Business Name:		
Doing Business As (D/B/A):		Federal Employer ID Number (FEID):
Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (please specify): _____		
Is this business already qualified? <input type="checkbox"/> YES <input type="checkbox"/> NO Business License Number: If so, provide the License Number under which the business is qualified:		
Qualifier Name:	License Number:	
Qualifier Name:	License Number:	
Qualifier Name:	License Number:	
Qualifier Name:	License Number:	
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code
County (if Florida address)	Country	
BUSINESS CONTACT INFORMATION (IF DIFFERENT THAN APPLICANT INFORMATION)		
Contact Name:		
Phone Number of Contact	E-Mail Address of Contact	
BUSINESS LOCATION ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	

Section V – Primary Qualifier Information

PRIMARY QUALIFIER	
Name of person legally appointed as the qualifier to act for the business organization in all matters connected with its contracting business, and who has been given authority to supervise all construction work performed by the business (this must be the applicant or a licensed contractor/consultant):	
Primary Qualifying Agent Name:	License Number (if applicable):
Does the primary qualifying agent also have final approval authority on all business matters, including contracts, specifications, checks, drafts, or payments, regardless of the form of payment, made by the entity? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If NO , does the business you propose to qualify already have a Financially Responsible Officer appointed?	
<input type="checkbox"/> YES: Name of Financially Responsible Officer: _____	
<input type="checkbox"/> NO: You must appoint a Financially Responsible Officer by completing Sections IX–XI and Sections VII–IV of this application. This will alleviate the licensed qualifier's financial responsibility, but the qualifier will still be responsible for all construction-related matters.	

Section VI – Secondary Qualifier Information (Optional)

SECONDARY QUALIFIER	
Name of person legally appointed as a secondary qualifier and is responsible only for the supervision of construction work performed by the entity as provided in s. 489.119(2) (this must be the applicant or a licensed contractor/consultant):	
Secondary Qualifying Agent Name:	License Number (if applicable):
A secondary qualifying agent is not responsible for the supervision of financial matters.	

Section VII – Background Questions

BACKGROUND QUESTIONS
Instructions:
The Applicant, Financially Responsible Officer (if applicable), and Authorized Representative(s) of the business must answer the background questions in this section.
<p>Authorized Representative(s) of the business are any of the following:</p> <ul style="list-style-type: none"> All officers and directors (if qualified business is a corporation or any other business entity with officers and directors) All members and managers (if qualified business is a LLC) All partners (If qualified business is a partnership) All members (if qualified business is a business entity other than those described above)
NOTE: Accuracy of Authorized Representative(s) of the business may be checked on the Florida Division of Corporations website www.sunbiz.org.
If YES to questions 1 or 2, please complete Section VIII.
If YES to questions 3 or 4, please complete Section IX.
<p>1. Have you ever been convicted or found guilty of, or entered a plea of guilty or nolo 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 nation, including felony, misdemeanor and traffic offenses (but not 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 those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.</p>
<p>2. Are there any pending bankruptcies or unsatisfied judgments or liens against yourself, a business you previously qualified, which were filed during your period of qualification, or the business you are applying to qualify? This question applies to any unpaid judgments or liens, including those for unpaid past-due bills by creditors, construction and non-construction issues, and tax liens.</p>
<p>3. Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?</p>
<p>4. Have you ever had any license, registration, or permit to practice any regulated profession, occupation, vocation, or business, revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?</p>

Section VII – Background Questions– continued

Person #	Indicate each response by checking “Yes” or “No”	Question Number			
		1	2	3	4
1	Applicant – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:				
2	Financially Responsible Officer– Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:				
3	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:				
4	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:				
5	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:				
6	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:				
7	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:				
8	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:				
9	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:				
10	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:				

If you answered “YES” to any question in questions 1 – 4 above, please refer to Instructions for details on providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section VIII for your response to questions 1 and 2, and complete Section IX for your response to questions 3 and 4. If you have more than three offenses to document in Section VIII or more than two offenses in Section IX, attach additional pages as necessary.

Section VIII - Explanations for "Yes" answers to Questions 1-2 – Attach additional copies as necessary

EXPLANATION		
This explanation relates to person # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> ____		This explanation relates to question # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

EXPLANATION		
This explanation relates to person # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> ____		This explanation relates to question # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

EXPLANATION		
This explanation relates to person # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> ____		This explanation relates to question # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

Section IX – Explanations for “Yes” answers to Questions 3-4 – Attach additional copies as necessary

EXPLANATION	
This explanation relates to person # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> ____	This explanation relates to question # (check one): <input type="checkbox"/> 3 <input type="checkbox"/> 4
State/Jurisdiction:	Application Type/License Number:

EXPLANATION	
This explanation relates to person # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> ____	This explanation relates to question # (check one): <input type="checkbox"/> 3 <input type="checkbox"/> 4
State/Jurisdiction:	Application Type/License Number:

Section X – Affirmation by Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. 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 criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p>	
Signature:	Date:
Print Name:	

Section XI – Financially Responsible Officer Application (Complete Sections XI–XII only if appointing a Financially Responsible Officer)**Note: Financially Responsible Officer must complete Background questions in Sections VII-IX.**

PERSONAL INFORMATION				
Social Security Number*				
FULL LEGAL NAME				
Last Name	First	Middle	Title	Suffix
Birth Date (MM/DD/YYYY) / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
MAILING ADDRESS				
Business/Firm Name				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
PRIOR NAME INFORMATION				
Have you used, been known as, or are currently known by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If your answer is yes, state name or names used below:				
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees

Section XII – Financially Responsible Officer Affirmation by Written Declaration**AFFIRMATION BY WRITTEN DECLARATION**

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. 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 criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

Signature:

Date:

Print Name:

CLEAN IRREVOCABLE LETTER OF CREDIT			
Issuing Branch:			
Street Address:			
City	State	Zip Code (+4 optional)	
Date of Issuance:	Credit No:	Expiration Date:	
(Time frame of irrevocable letter of credit) (Drafts must be presented before close of business on this date)			
BENEFICIARY NAME AND ADDRESS		APPLICANT NAME AND ADDRESS	
State of Florida DBPR-Asbestos Licensing Unit 2601 Blair Stone Road Tallahassee, FL, 32399-2214			
MAXIMUM AMOUNT (IN WORDS)			
U.S. \$ _____			
To Whom It May Concern:			
We hereby establish our irrevocable clean Letter of Credit # _____ in your favor for the account of the above applicant to the extent of the face amount of this Letter of Credit which shall not exceed U.S. \$ _____. We undertake to honor your drafts not exceeding in the aggregate of this Letter of Credit referenced above at sight on us at our office designated above. The total amount of this Letter of Credit is available from the date hereof against presentation of your sight draft(s) if presented to the issuing branch.			
Draft(s) drawn under this Letter of Credit must bear the clause:			
"Drawn under _____ & Trust Company, _____			
Branch irrevocable Letter of Credit			
No.: _____, Dated _____."			
Partial drawings are permitted hereunder. All amounts drawn hereunder must be endorsed on the reverse hereof by the negotiating party.			
Except as otherwise expressly stated herein, this Letter of Credit is subject to the "Uniform Customs and Practices for Documentary Credits" (International Chamber of Commerce Brochure #500, 1998 version).			
Yours truly,			
Bank & Trust Company:		*Renewable Annually	
By: _____		Title: _____	
* To be renewed annually: Notification of the status of this letter of credit must be sent to the board each year.			

STATEMENT OF BONDING LIMITS

Applicant Name: _____

Business Organization's Name: _____

Qualifying Agent's Name: _____

Board Rule 61E1-4.001(1), F.A.C., requires that you submit a statement signed and sealed by an officer of a **Florida licensed surety company** stating that the surety company **would issue** a compliance or payment bond in the amount of \$10,000 for an asbestos contractor or consultant. *You may submit an irrevocable letter of credit from a responsible financial institution in the same amounts, in lieu of this requirement.*

SURETY AGENT COMPLETES THIS SECTION:

1. Attach a copy of the "Power of Attorney" certifying that said power of attorney appointed is in full force and effect.
2. Have signature of officer of surety company notarized.
3. Date surety company was licensed to do business in the State of Florida
4. This statement of bonding limits represents the bond ability of the named business entity based on its current financial condition and is submitted for the purpose of licensure of the business entity.

This is a statement that the business entity is bondable and the surety agent would issue a compliance or payment bond for the business entity in an amount of \$10,000 for an asbestos contractor or consultant.

This is to certify that the business entity noted above is qualified to be bonded with

(Name of Surety Agent) _____

and we would issue a compliance or payment bond in the amount of: \$ _____

Signature-Officer of Surety Agent

Print Name of Officer

Date licensed to do business in Florida _____ and License# _____

SURETY COMPANY SEAL