

State of Florida
Department of Business and Professional Regulation
Asbestos Licensing Unit
Application for Licensure as a Business
Form # DBPR ALU 2

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

APPLICATION REQUIREMENTS

ALL License Applicants must submit:

- Pay the required fee: \$1,110 if qualifying a new business or \$655 if qualifying an already licensed business.
- Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable.
- Supporting legal documentation, if necessary. See Section 2(c) of Instructions.
- Credit report on the applicant and the business 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. For a list of agencies, visit:
http://www.myfloridalicense.com/dbpr/pro/cilb/documents/cilb_credit_reporting_agencies.pdf.
- Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable.
- 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.

If you are applying with a Financially Responsible Officer, you must also complete Section XV and XVI of this application.

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. General Requirements for Licensure

a. Definition of “Asbestos Contractor”

- i. The person who is qualified and responsible for the contracted project and who offers to, undertakes to, submits a bid to, or does, individually or by employing others, remove, encapsulate, or enclose asbestos-containing materials or dispose of asbestos-containing waste in the course of activities including, but not limited to, construction, renovation, maintenance, or demolition.
- ii. Applicants for licensure as an asbestos contractor must successfully complete the following Department-approved courses: an asbestos contractor/supervisor course. Such course shall consist of not less than 5 days of instruction and a respiratory protection course. Such course shall consist of not less than 3 days of instruction and provide evidence of satisfactory work on 10 asbestos projects within the last 5 years and provide evidence of financial stability. Applicants must also pass a Department-approved examination of qualifications and knowledge relating to asbestos.
- iii. An asbestos contractor may not perform abatement activities involving work that affects building structures or systems. Work on building structures or systems may be performed only by a contractor licensed under Chapter 489.

b. Definition of “Asbestos Consultant”

- i. The person who offers to, undertakes to, submits a bid to, or does, individually or by employing others, conduct surveys for asbestos-containing materials, develop operation and maintenance plans, monitor and evaluate asbestos abatement, prepare asbestos abatement specifications, or perform related tasks.
- ii. All asbestos consultants must be licensed by the Department. An asbestos consultant's license may be issued only to an applicant who holds a current, valid, active license as an architect issued under Chapter 481; holds a current, valid, active license as a professional engineer issued under Chapter 471; holds a current, valid, active license as a professional

geologist issued under Chapter 492; is a diplomat of the American Board of Industrial Hygiene; or has been awarded designation as a Certified Safety Professional by the Board of Certified Safety Professionals.

- iii. Applicants for licensure as an asbestos consultant must successfully complete the following Department-approved courses: A building asbestos surveys and mechanical systems course of not less than 3 days of instruction; an asbestos management planning course of not less than 2 days of instruction; a respiratory protection course of not less than 3 days of instruction and a project designer course of not less than 3 days of instruction.

Application Instructions (by section)

b. Section I- Application Type

i. Asbestos Contractor License (Business).

- (1) Select this application type if you desire licensure as a business without designating a Financially Responsible Officer, AND
- (2) You meet the requirements in 1(a) above.

ii. Asbestos Consultant License (Business).

- (1) Select this application type if you desire licensure as a business without designating a Financially Responsible Officer, AND
- (2) You meet the requirements outlined in 1(b) above.

iii. Asbestos Contractor (Business) with a Financially Responsible Officer.

- (1) Select this application type if you desire licensure as a business with a designated Financially Responsible Officer, AND
- (2) You meet the requirements in 1(a) above.

iv. Asbestos Consultant (Business) with a Financially Responsible Officer.

- (1) Select this application type if you desire licensure as a business with a designated Financially Responsible Officer, AND
- (2) You meet the requirements in 1(b) above.

c. 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.

- d. **Section III- Training Courses**
- i. Applicants must list the name and address of the training provider, course title, number of CE Units or class hours, and dates attended. A list of department approved providers and courses may be found at <http://www.myfloridalicense.com/dbpr/servop/testing/CErequirementsbyboard.html>
 - ii. Applicants must submit a training verification form for each provider listed.
 - ii. Applicants must submit a training verification form for each provider listed.
- e. **Section IV – Experience Project List**
- i. Applicants must provide evidence of satisfactory work on 10 asbestos projects within the last 5 years in chronological order.
 - (1) Provide the project name and address.
 - (2) Indicate by checking the appropriate box if the project was satisfactorily completed with no claim existing.
 - (3) Provide the start date, completion date and total time spent on the project.
 - (4) Provide a description of the project and level of responsibility you had while working on the project.
 - (5) Indicate if the project included any of the following work: asbestos surveys, development of operations and maintenance plans, abatement project management and supervision or design of asbestos abatement projects.
- f. **Section V- 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) See Section 469.006, Florida Statutes, and Rule 61E1-4.003, F.A.C. for more information.
 - 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.
- g. **Section VI – 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.
 - iii. Provide the mailing address, business contact information and business location if different than mailing address.
- h. **Section VII – 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 XV-XVI of this application. The Financially Responsible Officer must also complete the Background Questions, Section IX-XI.
- i. **Section VIII – 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.

j. **Section IX- 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.

k. **Section X- 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 X [*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 X [*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.

l. **Section XI 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 XI [*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 XI [*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.

m. **Section XII- Affirmation by Written Declaration**

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

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n. **Section XIII – Training Verification Form**

- i. Applicants must complete the top section entirely.
 - (1) Applicants must indicate the type of license they are seeking.
 - (2) Provide your legal name, social security number, address and phone number.
 - (3) Provide the course title and date of completion.
 - (4) Applicant must sign and date the training verification form.
- ii. Registrar/Director of Program must complete the bottom section.
 - (1) Applicants name must be provided in the blank.
 - (2) Registrar/Director must provide course title, dates attended and class room hours or days in attendance. This information must match your list of training courses listed under section III.
 - (3) Provide signature, date, training program name, address and phone number.

o. **Section XIV– Responsibility Form – Project Verification**

- i. Responsibility Form must be verified by the owner or entity for whom the service was rendered. The professional activities of the applicant can be either verified by the licensed supervisor for which the applicant completed the job for or the person for whom the service was rendered to. If the form is completed by the person for whom the service was rendered, have them complete their information in the Supervisor Information section.
- ii. **Part I:** This section should be completed by the applicant.
 - (1) Applicants must provide their name, Social Security number, address, phone number and email address. This information must match your list of training courses listed under section III.
 - (2) Provide a project name, address and start date/end date.
- iii. **Part 2:** This section should be completed by the licensed supervisor.
 - (1) Provide supervisor's name, license number, address, name of business and license number.
 - (2) Supervisor must sign and date the certification statement and return to the Department.

p. **Section XV – Financially Responsible Officer Application**

- i. Complete Sections XIV-XV 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 answer the background questions.

q. **Section XVI – Financially Responsible Officer Affirmation by Written Declaration**

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

r. **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 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"/> Asbestos Contractor (New Business) [5902/1030] [5903/1030]	<input type="checkbox"/> Asbestos Contractor (Business) with a Financially Responsible Officer [5902/1030]
<input type="checkbox"/> Asbestos Contractor (Existing Business) [5902/3022] [5903/3022]	<input type="checkbox"/> Asbestos Consultant (Business) with a Financially Responsible Officer [5901/1030]
<input type="checkbox"/> Asbestos Consultant (New Business) [5901/1030] [5903/1030]	<input type="checkbox"/> Asbestos Consultant (Existing Business) [5901/1030] [5903/3022]
Who holds a current, valid, active license as: (submit a copy of current license/certification)	
<input type="checkbox"/> Professional Engineer	<input type="checkbox"/> Professional Geologist
<input type="checkbox"/> Professional Architect	<input type="checkbox"/> Certified Safety Professional
<input type="checkbox"/> Certified Industrial Hygienist	

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 – Training Courses

TRAINING COURSES (submit a Training Verification Form for each provider listed)			
Name and Address of Training Provider:	Course Title:	CE Units or Class Hours:	Dates Attended:

Section IV – Experience – Project List

PROJECT LIST			
In chronological order provide evidence of satisfactory work on 10 asbestos projects within the last 5 years. An Experience Verification Form must be submitted for the jobs listed below.			
1. Project Name:	Was this project satisfactorily completed with no claim existing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Project Address:			
Start Date: / /		Completion Date: / /	
Total Time Spent: / /			
Description of project and level of responsibility:			
Did this job include any of the following:			
<input type="checkbox"/> Asbestos Surveys	<input type="checkbox"/> Development of operations and maintenance plans	<input type="checkbox"/> Abatement project management and supervision	<input type="checkbox"/> Design of Asbestos Abatement Projects
2. Project Name:	Was this project satisfactorily completed with no claim existing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Project Address:			
Start Date: / /		Completion Date: / /	
Total Time Spent: / /			
Description of project and level of responsibility:			
Did this job include any of the following:			
<input type="checkbox"/> Asbestos Surveys	<input type="checkbox"/> Development of operations and maintenance plans	<input type="checkbox"/> Abatement project management and supervision	<input type="checkbox"/> Design of Asbestos Abatement Projects
3. Project Name:	Was this project satisfactorily completed with no claim existing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Project Address:			
Start Date: / /		Completion Date: / /	
Total Time Spent: / /			
Description of project and level of responsibility:			
Did this job include any of the following:			
<input type="checkbox"/> Asbestos Surveys	<input type="checkbox"/> Development of operations and maintenance plans	<input type="checkbox"/> Abatement project management and supervision	<input type="checkbox"/> Design of Asbestos Abatement Projects

Section IV – Experience (continued)

4. Project Name:	Was this project satisfactorily completed with no claim existing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Project Address:			
Start Date: / / Completion Date: / / Total Time Spent: / /			
Description of project and level of responsibility:			
Did this job include any of the following:			
<input type="checkbox"/> Asbestos Surveys	<input type="checkbox"/> Development of operations and maintenance plans	<input type="checkbox"/> Abatement project management and supervision	<input type="checkbox"/> Design of Asbestos Abatement Projects
5. Project Name:	Was this project satisfactorily completed with no claim existing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Project Address:			
Start Date: / / Completion Date: / / Total Time Spent: / /			
Description of project and level of responsibility:			
Did this job include any of the following:			
<input type="checkbox"/> Asbestos Surveys	<input type="checkbox"/> Development of operations and maintenance plans	<input type="checkbox"/> Abatement project management and supervision	<input type="checkbox"/> Design of Asbestos Abatement Projects
6. Project Name:	Was this project satisfactorily completed with no claim existing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Project Address:			
Start Date: / / Completion Date: / / Total Time Spent: / /			
Description of project and level of responsibility:			
Did this job include any of the following:			
<input type="checkbox"/> Asbestos Surveys	<input type="checkbox"/> Development of operations and maintenance plans	<input type="checkbox"/> Abatement project management and supervision	<input type="checkbox"/> Design of Asbestos Abatement Projects
7. Project Name:	Was this project satisfactorily completed with no claim existing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Project Address:			
Start Date: / / Completion Date: / / Total Time Spent: / /			
Description of project and level of responsibility:			
Did this job include any of the following:			
<input type="checkbox"/> Asbestos Surveys	<input type="checkbox"/> Development of operations and maintenance plans	<input type="checkbox"/> Abatement project management and supervision	<input type="checkbox"/> Design of Asbestos Abatement Projects

Section IV – Experience (continued)

8. Project Name:	Was this project satisfactorily completed with no claim existing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Project Address:			
Start Date: / / Completion Date: / / Total Time Spent: / /			
Description of project and level of responsibility:			
Did this job include any of the following:			
<input type="checkbox"/> Asbestos Surveys	<input type="checkbox"/> Development of operations and maintenance plans	<input type="checkbox"/> Abatement project management and supervision	<input type="checkbox"/> Design of Asbestos Abatement Projects

9. Project Name:	Was this project satisfactorily completed with no claim existing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Project Address:			
Start Date: / / Completion Date: / / Total Time Spent: / /			
Description of project and level of responsibility:			
Did this job include any of the following:			
<input type="checkbox"/> Asbestos Surveys	<input type="checkbox"/> Development of operations and maintenance plans	<input type="checkbox"/> Abatement project management and supervision	<input type="checkbox"/> Design of Asbestos Abatement Projects

10. Project Name:	Was this project satisfactorily completed with no claim existing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Project Address:			
Start Date: / / Completion Date: / / Total Time Spent: / /			
Description of project and level of responsibility:			
Did this job include any of the following:			
<input type="checkbox"/> Asbestos Surveys	<input type="checkbox"/> Development of operations and maintenance plans	<input type="checkbox"/> Abatement project management and supervision	<input type="checkbox"/> Design of Asbestos Abatement Projects

Section V – 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 VI – 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 VII – 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 XV–XVI 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 VIII – 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 IX – 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.
Authorized Representative(s) of the business are any of the following: 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 X. If YES to questions 3 or 4, please complete Section XI.
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.
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.
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?
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?

Section IX – 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 X for your response to questions 1 and 2, and complete Section XI for your response to questions 3 and 4. If you have more than three offenses to document in Section X or more than two offenses in Section XI, attach additional pages as necessary.

Section X – 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 XII – 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 XIII – Training Verification Form – (duplicate as necessary)

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**.

This information must match the training courses listed in section III.

TO BE COMPLETED BY APPLICANT																	
<input type="checkbox"/> Asbestos Consultant <input type="checkbox"/> Asbestos Contractor																	
Applicant Name	Social Security Number*																
Address:	Phone Number:																
<p>I am submitting an application to the Florida Department of Business and Professional Regulation for licensure as an Asbestos Consultant/Contractor. I have advised the Department of my having completed the following training courses.</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black; width: 45%;"><u>Course Title</u></th> <th style="text-align: left; border-bottom: 1px solid black; width: 15%;"><u>Date</u></th> <th style="text-align: left; border-bottom: 1px solid black; width: 45%;"><u>Course Title</u></th> <th style="text-align: left; border-bottom: 1px solid black; width: 15%;"><u>Date</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		<u>Course Title</u>	<u>Date</u>	<u>Course Title</u>	<u>Date</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Course Title</u>	<u>Date</u>	<u>Course Title</u>	<u>Date</u>														
_____	_____	_____	_____														
_____	_____	_____	_____														
_____	_____	_____	_____														
<p>I hereby request confirmation of this information by completion of this form, or similar form used by the institution, and that a copy of the certificate of completion be forwarded to the Department of Business and Professional Regulation, Asbestos Licensing Unit.</p>																	
Signature of Applicant _____ Date Signed _____																	

[Space Intentionally Left Blank; See Following Page]

TO BE COMPLETED BY REGISTRAR/DIRECTOR OF PROGRAM ONLY

This is to certify that _____ completed his/her training courses as described below:

<u>Course Title</u>	<u>Dates</u>	<u>Class Room Hours/Days in Attendance</u>

Signature of Registrar/Director of Program:	Date:
---	-------

Training Program Name:

Address:	Phone Number:
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Please return this form and certificate of completion to:
Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783

*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 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security Numbers are used to allow efficient screening of applicants and licensees 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), 104 Pub.L.193, Sec. 317.

[Space Intentionally Left Blank; See Following Page]

Section XIV –Responsibility Form – Project Verification – This information must match your project list under section IV.

GENERAL INFORMATION	
The following person has submitted an application to the Florida Department of Business and Professional Regulation for licensure as an Asbestos Consultant/Contractor. This form may be completed by the applicant's supervising licensed Asbestos Consultant/Contractor or by person for whom the service was rendered.	

Part 1: This section should be completed by the applicant		
APPLICANT INFORMATION		
Applicant Name:	Social Security Number:	
Street Address or P.O. Box:	City, State, Zip:	
Phone Number:	Email Address:	
PROJECT LIST		
Project Name:	Address:	Start Date / End Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Part 2: This section should be completed by the licensed supervisor		
SUPERVISOR INFORMATION		
Supervisor Name:	License Number:	
Street Address or P.O. Box:	City, State, Zip:	
Name of Business (if applicable):	License Number:	
CERTIFICATION STATEMENT		
<p>To the best of my knowledge, no claims of unsatisfactory professional services have been sustained against the professional activities of the applicant for all jobs listed above.</p>		
_____ Signature	_____ Date	
<p>Please return this form to: Department of Business and Professional Regulation 2601 Blair Stone Road Tallahassee, FL 32399-0783</p>		

Section XV – Financially Responsible Officer Application (Complete Sections XIV–XV only if appointing a Financially Responsible Officer)

Note: Financially Responsible Officer must complete Background questions in Sections IX–XI.

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 XVI – 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