

**INSTRUCTIONS FOR COMPLETING
CERTIFIED ELECTRICAL, ALARM SYSTEM OR SPECIALTY CONTRACTOR
INITIAL APPLICATION
DBPR ECLB 4453**

Application begins on page 4

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.

Applicants are cautioned to read questions thoroughly. Be certain that all questions are answered truthfully and that all requested information is furnished. **Please type or print.**

INITIAL CERTIFICATION QUALIFICATIONS:

Certification by Endorsement Matrix

FLORIDA UNLIMITED ELECTRICAL (EC)	=	NORTH CAROLINA UNLIMITED
FLORIDA UNLIMITED ELECTRICAL (EC)	=	GEORGIA CLASS II UNRESTRICTED AND LOW VOLTAGE UNLIMITED
FLORIDA UNLIMITED ELECTRICAL (EC)	=	CALIFORNIA ELECTRICAL C-10 LICENSE EXAM
FLORIDA ALARM SYSTEM CONTRACTOR I (EF)	=	GEORGIA LOW VOLTAGE UNLIMITED (LV-U)
FLORIDA ALARM SYSTEM CONTRACTOR II (EG)	=	GEORGIA LOW VOLTAGE ALARM (LV-A)
FLORIDA RESIDENTIAL SPECIALTY (ES)	=	GEORGIA CLASS I
FLORIDA (Low Voltage)LIMITED ENERGY (ES)	=	GEORGIA (LV-T) OR (LV-G)

Certification by Endorsement

Currently only the state examinations in licensure categories listed above have been evaluated and approved for endorsement.

Prior to Certification by Endorsement from any state or category not listed, the Department's Bureau of Education and Testing must review and approve an *Examination Evaluation Questionnaire* completed by the testing authority for that home state. This questionnaire may be used to establish endorsements between Florida and other states on a state-by-state and exam-by-exam basis.

An applicant must have obtained his or her license through examination from the state of endorsement. It is the responsibility of the applicant to provide this home state's contact information and other documentation (including examination vendor information) so that the board can determine whether the examination taken is *substantially equivalent* to the examination required by section 489.511(1), Florida Statutes.

LICENSURE CATEGORIES:

- | | |
|--|--|
| <input type="checkbox"/> EC – Electrical Contractor | <input type="checkbox"/> ES – Specialty Contractor |
| <input type="checkbox"/> EF – Alarm System Contractor I | <input type="checkbox"/> Residential Electrical Specialty |
| <input type="checkbox"/> EG – Alarm System Contractor II | <input type="checkbox"/> Lighting Maintenance Specialty |
| | <input type="checkbox"/> Sign Specialty |
| | <input type="checkbox"/> Limited Energy Systems Specialty |
| | <input type="checkbox"/> Utility Line Specialty Contractor |

Bond forms change; this is for educational purposes only.

APPLICATION CHECKLIST:

Select the appropriate transaction below and comply with the corresponding application requirements.

TRANSACTION	APPLICATION REQUIREMENTS
<p>Certification by Endorsement</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Pay \$150 fee (make check payable to the Department of Business and Professional Regulation) <input type="checkbox"/> Complete DBPR ECLB 4453 – Initial Certification Application <input type="checkbox"/> Complete DBPR 0010 – Master Individual Application <input type="checkbox"/> Complete DBPR 0020 – Master Organization Application <input type="checkbox"/> Complete DBPR 0030 – Attestation Statement <input type="checkbox"/> Submit Business Entity Credit Report. The Credit Report must include a public records statement that records have been checked by County, State and Federal levels. <input type="checkbox"/> Submit Letter of License Verification and Good Standing from Endorsing State <input type="checkbox"/> Submit Certificate of Status from the Florida Secretary of State for corporation, partnership or fictitious name <input type="checkbox"/> Submit letter of financial responsibility <input type="checkbox"/> Submit verification of officer/supervisor status
<p>Certification of a Registered License (Grandfathering)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Pay \$250 fee (make check payable to the Department of Business and Professional Regulation) <input type="checkbox"/> Complete DBPR ECLB-4453 – Initial Certification Application <input type="checkbox"/> Complete DBPR 0010 – Master Individual Application <input type="checkbox"/> Complete DBPR 0020 – Master Organization Application <input type="checkbox"/> Complete DBPR 0030 – Attestation Statement <input type="checkbox"/> Submit a Personal and a Business Entity Credit Report, unless the name of the business is the same as your own legal name. The Credit Report must include a public records statement that records have been checked by County, State and Federal levels. <input type="checkbox"/> Submit copy of competency card(s) <input type="checkbox"/> Submit letter of financial responsibility <input type="checkbox"/> Submit letter(s) of good standing <input type="checkbox"/> Submit verification of examination <input type="checkbox"/> Submit verification of officer/supervisor status <input type="checkbox"/> Submit Certificate of Status from the Florida Secretary of State for corporation, partnership or fictitious name <input type="checkbox"/> Submit proof of continuing education for last renewal cycle
<p>Certification for Individual to Transfer License to a New Business Entity</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Pay \$150 fee (make check payable to the Department of Business and Professional Regulation) <input type="checkbox"/> Complete DBPR ECLB 4453 – Initial Certification Application <input type="checkbox"/> Complete DBPR 0010 – Master Individual Application <input type="checkbox"/> Complete DBPR 0020 – Master Organization Application <input type="checkbox"/> Complete DBPR 0030 – Attestation Statement <input type="checkbox"/> Submit Business Entity Credit Report. The Credit Report must include a public records statement that records have been checked by County, State and Federal levels. <input type="checkbox"/> Submit Certificate of Status from the Florida Secretary of State for corporation, partnership or fictitious name <input type="checkbox"/> Submit letter of financial responsibility <input type="checkbox"/> Submit verification of officer/supervisor status

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<p>Qualifying an Additional Business Entity</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Pay \$250 fee (make check payable to the Department of Business and Professional Regulation) <input type="checkbox"/> Complete DBPR ECLB 4453 – Initial Certification Application <input type="checkbox"/> Complete DBPR 0010 – Master Individual Application <input type="checkbox"/> Complete DBPR 0020 – Master Organization Application <input type="checkbox"/> Complete DBPR 0030 – Attestation Statement <input type="checkbox"/> Submit Business Entity Credit Report. The Credit Report must include a public records statement that records have been checked by County, State and Federal levels. <input type="checkbox"/> Submit Certificate of Status from the Florida Secretary of State for corporation, partnership or fictitious name <input type="checkbox"/> Submit letter of financial responsibility <input type="checkbox"/> Submit verification of officer/supervisor status
<p>Qualifying a New Business Entity</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Pay \$255 fee (required upon approval of application; make check payable to the Department of Business and Professional Regulation) <input type="checkbox"/> Complete DBPR ECLB 4453 – Initial Certification Application <input type="checkbox"/> Complete DBPR 0010 – Master Individual Application <input type="checkbox"/> Complete DBPR 0020 – Master Organization Application <input type="checkbox"/> Complete DBPR 0030 – Attestation Statement <input type="checkbox"/> Submit Business Entity Credit Report. The Credit Report must include a public records statement that records have been checked by County, State and Federal levels. <input type="checkbox"/> Submit Certificate of Status from the Florida Secretary of State for corporation, partnership or fictitious name <input type="checkbox"/> Submit letter of financial responsibility <input type="checkbox"/> Submit verification of officer/supervisor status
<p>Reactivation of an Inactive License</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Pay \$305 fee - Pay \$325 fee if outside the renewal cycle (make check payable to the Department of Business and Professional Regulation) <input type="checkbox"/> Complete DBPR ECLB 4453 – Initial Certification Application <input type="checkbox"/> Complete DBPR 0010 – Master Individual Application <input type="checkbox"/> Complete DBPR 0020 – Master Organization Application <input type="checkbox"/> Complete DBPR 0030 – Attestation Statement <input type="checkbox"/> Submit Business Entity Credit Report. The Credit Report must include a public records statement that records have been checked by County, State and Federal levels <input type="checkbox"/> Submit Certificate of Status from the Florida Secretary of State for corporation, partnership or fictitious name <input type="checkbox"/> Submit proof of 12 Hours of continuing education per year of inactivity <input type="checkbox"/> Submit letter of financial responsibility <input type="checkbox"/> Submit verification of officer/supervisor status

Please send your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399-0783

www.myflorida.com/dbpr



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

PERSONAL INFORMATION				
Social Security Number*				
Last Name		First	Middle	Title
				Suffix
Birth Date (MM/DD/YYYY) / /			Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
Race/Ethnicity (check only one):				
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> Native American or Alaskan Native
<input type="checkbox"/> White or Caucasian		<input type="checkbox"/> Spanish, Hispanic or Latino		<input type="checkbox"/> Other
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		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
BUSINESS LOCATION ADDRESS				
Business/Firm Name				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

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

*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.

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PRIOR LICENSE INFORMATION			
If you currently or previously have held a business or professional license/registration in Florida or elsewhere, please list them below:			
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	

BACKGROUND INFORMATION			
1.	Yes <input type="checkbox"/> (If yes, please complete form DBPR 0050)	No <input type="checkbox"/>	Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to a crime, even if you received a withhold of adjudication? This question applies to any 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 943.058, 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 WILL 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.	Yes <input type="checkbox"/> (If yes, please complete form DBPR 0050)	No <input type="checkbox"/>	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraudulent or dishonest dealing, or is there any such case or investigation pending?
3.	Yes <input type="checkbox"/> (If yes, please complete form DBPR 0060)	No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> (If yes, please complete form DBPR 0060)	No <input type="checkbox"/>	Has any license, registration or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or withdrawn in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to questions 1 – 4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or 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. Please utilize form DBPR 0050 for your responses to questions 1 and 2, and form DBPR 0060 for your responses to questions 3 and 4. If you have more than seven offenses to document on form DBPR 0050, attach additional copies of form DBPR 0050 as necessary.

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PRIOR NAME INFORMATION				
Have you used, been known as, or called by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? Yes <input type="checkbox"/> No <input type="checkbox"/>				
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

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STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

ORGANIZATION INFORMATION		
Federal Employer ID Number/Social Security Number*		
Organization/Applicant Name		
Doing Business As (D/B/A) Name		
Ownership: Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture Agreement <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Estate <input type="checkbox"/> Professional Association <input type="checkbox"/> Other <input type="checkbox"/>		
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
CONTACT INFORMATION		
Contact Name		
Primary Phone Number	Primary E-Mail Address	
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
BUSINESS LOCATION ADDRESS		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	

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

*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.

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STATE OF FLORIDA
DEPARTMENT OF BUSINESS
AND PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, FL 32399-0783

**NOTE – This form must be submitted as part of an
entire application packet**

*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.*

CHECK TRANSACTION REQUESTED	
Transaction Type:	
<input type="checkbox"/> Certification by Endorsement <input type="checkbox"/> Certification for Individual to Qualify a Business Entity (check one of the options below) <ul style="list-style-type: none"> <input type="checkbox"/> Qualifying New Business Entity <input type="checkbox"/> Qualifying Additional Business Entity <input type="checkbox"/> Transferring License to a New Business Entity <input type="checkbox"/> Reactivation of an Inactive License	
CHECK LICENSE CATEGORY (check one)	
<input type="checkbox"/> Electrical Contractor <input type="checkbox"/> Alarm System Contractor I <input type="checkbox"/> Alarm System Contractor II Specialty Electrical Contractor <ul style="list-style-type: none"> <input type="checkbox"/> Lighting Maintenance Specialty Electrical Contractor <input type="checkbox"/> Sign Specialty Electrical Contractor <input type="checkbox"/> Residential Specialty Electrical Contractor <input type="checkbox"/> Limited Energy Systems Specialty Contractor <input type="checkbox"/> Utility Line Specialty Contractor 	

APPLICATION REQUIREMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Registered Contractors only) Did you obtain 14 hours of board approved CE prior to your last renewal? Attach completion certificate(s).		

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BUSINESS ENTITY AFFIDAVIT (NOT REQUIRED FOR THOSE APPLYING TO DO BUSINESS AS AN INDIVIDUAL)	
(Please answer below according to your classification for the new business entity)	
Are you designated as the Primary Qualifier? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, pursuant to Chapter 489.522(1)(2)(a)(c), F.S., I attest that I will be legally and financially qualified to act for this business entity and will have check approval authority for this business entity in all matters connected with its contracting business.	
Are you designated as the Secondary Qualifier? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, pursuant to Chapter 489.522(b)(1)(2), F.S., I attest that I will be legally qualified to act for this business as supervisor of all sites where permitting was obtained with my license. This includes any other work for which I accept responsibility.	
Applicant Signature: _____	Date: _____

NOTE: IF YOU ARE APPLYING AS SECONDARY QUALIFIER, YOU WILL ONLY BE REQUIRED TO SUBMIT PAGES 4, 5, AND 9, A "CURRENT" COPY OF THE CERTIFICATE OF STATUS FROM THE SECRETARY OF STATE (DIVISION OF CORPORATIONS), AND VERIFICATION OF "OFFICER" OR "SUPERVISING EMPLOYEE" STATUS FOR THE BUSINESS.

LICENSE VERIFICATION (FOR CERTIFICATION BY ENDORSEMENT ONLY)	
The following information is required from the state applying for endorsement.	
State board licensed with: _____	
Date license issued: _____	License number: _____
Is license current? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____	
Submit copy of current license(s)	
Licensed by examination? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____	
Has your license ever been fined, suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach supporting documentation)	
If the Florida Electrical Contractors' Licensing Board does not approve my application for endorsement, I <input type="checkbox"/> would <input type="checkbox"/> would not like to request an examination package be mailed to me.	

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FINANCIAL RESPONSIBILITY/BACKGROUND QUESTIONNAIRE

If you answer “yes” to any of the questions below, you must provide an explanation on the DBPR 0060–General Explanatory Description form and attach legal documentation, i.e. satisfaction of lien, judgment, payment schedule, etc. If you have been convicted of a felony, you must submit proof of reinstatement of civil rights.

The following persons must answer the financial responsibility questionnaire:

- Qualifying Agent
- President, Vice-President, Secretary, and Treasurer

Have you, or a partnership in which you were a partner, or an authorized representative, or a corporation in which you were an officer or an authorized representative ever:

1. Undertaken construction contracts or work that a third party, such as a bonding or surety company, completed or made financial settlements for on your behalf?
2. Had claims or lawsuits filed for unpaid or past due accounts by your creditors?
3. Undertaken construction contracts or work that resulted in liens, suits or judgments being filed against you?
4. Had a lien of record filed against you by the U.S. Internal Revenue Service or Florida Corporate Tax Division or any other jurisdictions?
5. Made an assignment of assets in settlement of construction obligations for less than the debts outstanding?
6. Filed for bankruptcy voluntarily or involuntarily?
7. Been charged with, accused of, or investigated for acting as a contractor without a license?
8. Been convicted or found guilty of, or entered a plea of nolo contendere (regardless of adjudication) of any crime (other than a traffic violation)?

Indicate your response by circling Yes or No.		1	2	3	4	5	6	7	8
Qualifying Agent	Print Name	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
President	Print Name	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Vice President	Print Name	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Secretary	Print Name	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Treasurer	Print Name	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

STATEMENT OF FINANCIAL CONDITION

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you applying to do business as an individual? If yes, the financial statement shall reflect the financial condition of the qualifying agent.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you applying to do business as a sole proprietorship? If yes, the financial statement shall reflect the financial condition of the company.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you applying to do business as a corporation? If yes, the financial statement shall reflect the financial condition of the corporation.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you applying to do business as a partnership? If yes, the financial statement shall reflect the financial condition of the partnership.

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FINANCIAL STATEMENT			
Is this financial statement for an individual or business? Individual <input type="checkbox"/> Business <input type="checkbox"/>			
ASSET		LIABILITIES	
CURRENT ASSETS	AMOUNT	CURRENT LIABILITIES	AMOUNT
Cash in Bank	\$	Accounts Payable	\$
Notes Receivable	\$	Notes Payable to Bank	\$
Account Receivable - Current	\$	Other Notes Payable	\$
Inventory	\$	Notes Receivable Discounted	\$
US Government Securities	\$	Mortgages and Bonds Payable	\$
Other Current Assets (itemize)	\$	Accrued Income Taxes	\$
TOTAL CURRENT ASSETS	\$	Wages and Interest	\$
		Other Current Liabilities	\$
Land	\$	TOTAL CURRENT LIABILITIES	\$
Buildings-Net (after depreciation)	\$		
Machinery, Fixtures & Equipment (after depreciation)	\$	Other Liabilities (Due after 1 year – itemize)	\$
Leasehold Improvements-Net (after amortization)	\$		\$
Cash Value Life Insurance	\$		\$
Stock & Bonds	\$	Capital Stock Surplus (if corporation)	\$
Prepaid Expenses	\$		
Deferred Charges	\$		
Other Assets (itemize)	\$	NET WORTH	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

Signature of Treasurer/Officer _____

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STATEMENT OF BONDING LIMITS	
Qualifying (Applicant) Agent's Name: _____	
Business Entity's Name: _____	
<p>Board Rule 61G6-5.004(1), F.A.C., requires that you submit a statement signed and sealed by an officer of a Florida licensed surety company that the surety company would issue a performance or payment bond in the amount of \$25,000 for an unlimited electrical contractor or alarm system contractor and \$10,000 for a specialty contractor. <i>You may substitute an irrevocable letter of credit from a responsible financial institution in the same amounts, in lieu of this requirement. (The letter is on the next page.)</i></p>	
SURETY AGENT COMPLETES THIS SECTION:	
<ol style="list-style-type: none"> 1. Attach an original "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 bondability of the named business entity based on its current financial condition and is submitted for the purpose of licensure of the business entity. 	
<p>This is a statement that the business entity is bondable and the surety agent would issue a performance or payment bond for the business entity in an amount of \$25,000 for an unlimited electrical contractor and alarm system contractor or \$10,000 for a specialty contractor.</p>	
<p>The business entity noted above is qualified to be bonded with (Name of Surety Agent)</p> <p>_____</p>	
<p>and we would issue a performance or payment bond in the amount of:</p> <p>(PLEASE CIRCLE AMOUNT) \$25,000 or \$10,000 (See note above when determining amount.)</p>	
<p>_____ Signature-Officer of Surety Agent</p>	<p>_____ Print Name of Officer</p>
<p>Date licensed to do business in Florida _____ and License # _____</p>	
<p>SURETY COMPANY SEAL:</p> 	

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CLEAN IRREVOCABLE LETTER OF CREDIT (**USED TO SUBSTITUTE STATEMENT OF BONDING LIMIT IF NO STATEMENT OF BONDING LIMIT IS AVAILABLE**)	
Issuing Branch: _____	
Address: _____ Phone Number: _____	
Date of Issuance: _____ Credit Number: _____	
Expiration Date: _____	
(Time frame of irrevocable letter of credit) (Drafts must be presented before close of business this date)	
BENEFICIARY NAME AND ADDRESS State of Florida DBPR – ECLB 1940 North Monroe Street Tallahassee, FL 32399-0771	APPLICANT NAME, BUSINESS AND ADDRESS
MAXIMUM AMOUNT (IN WORDS) U.S. \$	
To Whom It May Concern: We hereby establish our Clean Irrevocable 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 the amount 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 No. 500, 1998 version).	
Yours very truly,	
Bank & Trust Company:	
By: _____	Title: _____

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**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**
**NOTE – This form must be submitted as part of an
application packet**

APPLICANT INFORMATION
Applicant Name _____

ATTEST STATEMENT	
I have read the questions in this application and have answered them completely and truthfully to the best of my knowledge.	
I have successfully completed the education, if any, required for the level of licensure, registration, or certification sought.	
I have the amount of experience required, if any, for the level of licensure, registration, or certification sought.	
I pledge to comply with the applicable standards of practice upon licensure, registration, or certification.	
I understand the types of misconduct for which disciplinary proceedings may be initiated.	
Signature: _____	
NOTARIZATION	
The foregoing application was sworn to and subscribed before me this ____ Day of _____ A.D. 20 ____	
by _____, _____	
Type or print name of applicant	Signature of applicant
who is personally known to me or who has produced the following as identification.	

Type of identification	
Signature of person taking acknowledgement Notary Seal (Rubber Stamp and Expiration)	

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STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

NOTE – This form must be submitted as part of an application packet

PERSONAL INFORMATION				
Last Name	First	Middle	Title	Suffix
Identify question number on form DBPR 0010 this explanation pertains to:				

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

Attach additional sheets as necessary

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STATE OF FLORIDA
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PROFESSIONAL REGULATION

NOTE – This form must be submitted as part of an
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APPLICANT INFORMATION				
Last Name	First	Middle	Title	Suffix

EXPLANATION

Bond forms change; this is for educational purposes only.

Surety Bond Application

AGENCY NAME: _____ AGENCY CONTACT: _____
 AGENCY PHONE: _____ AGENCY FAX: _____ AGENCY EMAIL: _____
 AGENCY ADDRESS: _____ City: _____ State: _____ Zip: _____

CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT? _____

NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND? _____

SECTION I: BOND APPLIED FOR

Type of Bond: _____ Effective Date: _____ Expiration Date: _____

Type of Company **CORP** **LLC** **DBA** **PARTNERSHIP** Bond Amount: _____

(Obligee): _____

Obligee Address _____

SECTION II: GENERAL INFORMATION

Applicant's Name: _____ Spouse Name: _____

SS#: _____ Spouse SS#: _____ Home Phone: () _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Business Name: _____

Business Phone: () _____ Business Fax: () _____ E-mail: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Date Business BEGAN under present Individual or Firm Name: _____ BUSINESS TAX ID: _____

HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS AGAINST YOU? YES NO

HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? YES NO

IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER

SECTION III: ADDITIONAL OWNERS OR PARTNERS AS REQUIRED

NAME: _____ SPOUSE NAME: _____

SS#: _____ SPOUSE SS#: _____ PHONE: _____

HOME ADDRESS: _____ City: _____ State: _____ Zip: _____

PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)

STATEMENT OF ASSETS AND LIABILITIES AS OF

ASSETS		LIABILITIES	
CASH IN BANK		NOTES PAYABLE TO BANKS	
CASH ON HAND		NOTES TO OTHERS (excl. of equipment)	
STOCKS AND BONDS		ACCOUNTS PAYABLE	
ACCOUNTS RECEIVABLE		FEDERAL & STATE INCOME TAX DUE	
NOTES RECEIVABLE		ALL OTHER TAXES	
INVENTORY		ACCRUALS, PAYROLLS, ETC.	
CASH VALUE LIFE INSURANCE			
EQUIPMENT		DUE ON EQUIPMENT	
REAL ESTATE		DUE ON REAL ESTATE	
OTHER ASSETS		OTHER LIABILITIES	
		CAPITAL STOCK (if a corporation)	
		SURPLUS AND UNDIVIDED PROFITS	
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH	
Name of Owners	Name and Title of Officers	% OWNERSHIP IN COMPANY	

COMPLETION OF THIS FORM CONSTITUTES PERMISSION FOR WORLDWIDE INSURANCE SPECIALISTS INC. TO OBTAIN CONSUMER INFORMATION WHICH WILL BE USED TO DETERMINE BONDING ELIGIBILITY. THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE
 NO PREMIUM FINANCING WILL BE ACCEPTED AS PREMIUM IS EARNED IN FULL.

Worldwide Insurance Specialists, Inc
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