



Escambia County Building Services
 3363 West Park Place
 Pensacola, FL 32505
 Phone: (850) 595-3550 - Fax (850) 595-3401
 Email: contractorlicense@myescambia.com

**CONTRACTOR LICENSING
 CHANGE OF STATUS**

(PLEASE PRINT CLEARLY OR TYPE)

If reinstating a delinquent license, qualifying an additional entity, or going from inactive to active status, please provide the following:

1. Proof from Florida Division of Corporations showing Active Status for business entity issued in new name, (i.e., print out from www.sunbiz.gov, etc.);
2. Completed Change of Status Form;
3. Certificate of Liability Insurance/Workers' Compensation with the new name;
4. Proof of Continuing Education requirements (for reinstatement and inactive to active status change only);
5. **Application fee is due at time of application submittal.**

LICENSE #: _____

Applicant's Full Legal Name (no aliases)

_____ Birth Date _____
 Last First Middle

Business Address _____ State _____ Zip Code _____

Mailing Address _____ State _____ Zip Code _____

Driver's License # _____ State Issued _____ Expiration Date _____

Business Phone _____ Mobile Number _____

Email _____ Fax Number _____

Change Requested:

Application Fee:

Address/Telephone Change	NO CHARGE
Active Status to Inactive Status	NO CHARGE
Inactive Status to Active Status	\$ 62.50 = ½ payment of active license fees; proof of current COLIs; no Contractor Competency Board (CCB) action
Business Name Change	\$ 50.00 - no CCB action required (req'd)
Qualifying Additional Entity	\$150.00 - CCB action is required
Reinstatement of Delinquent License (1 – 90 days)	\$150.00 Application (APP) fee + annual renewal (RNW) fee (no CCB action req'd)
Reinstatement of Delinquent License (90 days – 3 yrs)	\$150.00 APP fee + annual RNW fee + \$200.00 late fee + \$62.50 inactive fee x each year delinquent (no CCB action req'd)
Reinstatement of Delinquent License (over 3 yrs)	\$150.00 APP fee + annual RNW fee + \$200.00 late fee + \$62.50 inactive fee x each year delinquent w/ CCB approval at monthly meeting

CONTRACTOR LICENSING

BUSINESS NO LONGER QUALIFYING: _____

BUSINESS APPLYING TO QUALIFY: _____

List all licenses that Applicant, Partners or Corporate Officers hold or have held in Escambia County:

License Type: _____ County #: _____

License Type: _____ County #: _____

License Type: _____ County #: _____

AFFIDAVIT

If you are qualifying as an individual or as sole proprietor, only you need to sign below. If you are qualifying a Proprietorship, you and the Owner must sign. If a Corporation is being qualified, the signatures of the President, Vice-President and Secretary are required to sign. If it is a Partnership, each Partner must also sign below attesting the information is correct.

Applicant's Signature	Date
Signature of Partner/President/Sole Proprietor/Owner	Date
Signature of Partner/Vice-President	Date
Signature of Secretary/Treasurer	Date

The undersigned hereby makes application for certification under the provision of the Escambia County Code of Laws and Ordinances and vouches for the truth and accuracy of all statements and answers herein. **If "Yes" is the answer to any question below, please explain in detail on an attached sheet of paper.** Has the Applicant or any person in the Organization being qualified:

- | | <u>Yes</u> | <u>No</u> |
|--|-------------------|------------------|
| 1. Been declared bankrupt or been a member of a firm adjudicated bankrupt or in bankruptcy proceedings? | _____ | _____ |
| 2. Failed to complete a contract? | _____ | _____ |
| 3. Failed or been a member of a firm which failed to pay subcontractors/material suppliers or employees on a contract? | _____ | _____ |
| 4. Had liens, law suits, or judgments pending or filed as a result of construction operations? | _____ | _____ |
| 5. Had a contractor's license revoked, suspended, reprimanded, placed on probation, or other discipline? | _____ | _____ |
| 6. Had any unpaid, past due bills over 90 days for claims of labor, material or services? | _____ | _____ |
| 7. Ever been convicted of a crime, had adjudication withheld, or presently charged with a felony? | _____ | _____ |

As a qualifying agent, I certify I will act for the firm/partnership/corporation for which I am qualifying in all matters concerning the contracting business and I will actively supervise all construction work and be responsible for ascertaining all such work is completed according to approved plans, applicable codes and good construction standards. If at any time during this certification, I cease to be able to act for this business organization, I will immediately notify the Escambia County Contractor Competency Board, in writing.

We, jointly, understand any willful falsification of any information herein, including all supplementary pages and attachments, is grounds for disqualification; additionally, all information contained herein, including: all supplementary pages and attachments shall become part of public records upon signature.

Signature of Contractor

Signature of President/Partner

Signature of Vice President/Partner

Signature of Secretary/Partner

STATE OF _____

COUNTY OF _____

The applicant who name is _____
Personally appeared before me and is personally known and/or produced as identification _____
_____.

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20____.

NOTARY PUBLIC
Printed Name of Notary: _____

(SEAL)

Approved: _____	Rejected: _____
_____ Chairman Escambia County Contractor Competency Board	
Date: _____	