



**ESCAMBIA COUNTY BUILDING SERVICES**  
**CONTRACTOR LICENSING DIVISION**

3363 West Park Place Pensacola, FL 32505  
Phone: 850-595-3509 or 850-595-3572  
Fax: 850-595-3401  
Email: [contractorlicense@myescambia.com](mailto:contractorlicense@myescambia.com)



**APPLICATION for CHANGE of STATUS**

LICENSE NUMBER: \_\_\_\_\_

APPLICANT'S FULL LEGAL NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAX: \_\_\_\_\_

**CHANGE REQUESTED:**

**FEES:**

**DOCUMENTS REQUIRED:**

<input type="checkbox"/>	Address/Email/Telephone Number Change	No Fee	Complete Application Form
<input type="checkbox"/>	Active status to Inactive status	No Fee	Complete Application Form
<input type="checkbox"/>	Inactive status to Active Status	\$62.50 = ½ payment of Active License Fee; Proof of Current COIs, No Board action required.	Complete Application Form; Proof of Current COIs (General Liability and Worker's Comp); Proof of Current Continuing Education Requirements; Paid Application Fee
<input type="checkbox"/>	Business Name Change	\$50.00 – No Board action required.	Complete Application Form, Proof from Florida Division of Corporations showing Active Status for New Business Entity Name ( <a href="http://www.sunbiz.gov">www.sunbiz.gov</a> ); Proof of Current COIs (General Liability and Worker's Comp) in New Business Entity Name; Paid Application Fee
<input type="checkbox"/>	Qualifying Additional Entity	\$150.00 – Respective Board action required.	Complete Application Form, Proof from Florida Division of Corporations showing Active Status for Business with Qualifier Updated ( <a href="http://www.sunbiz.gov">www.sunbiz.gov</a> ); Proof of Current COIs (General Liability and Worker's Comp) for Entity to be Qualified; Paid Application Fee

The undersigned hereby makes application for Change of Status of certification under the provisions of the Escambia County Code of Ordinances and vouches for the truth and accuracy of all statements and answers herein. Please answer the following:

	Has the applicant...	Yes	No
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, lawsuits, 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, materials, or services?		
7.	Ever been convicted of a crime, had adjudication withheld, or presently charged with a felony?		

**\*\*\*If "Yes" was the answer to any question above, then please provide an explanation in detail on an attached sheet of paper.\*\*\***

#### QUALIFY AN ADDITIONAL ENTITY

BUSINESS APPLYING TO QUALIFY: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

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

License Type:	License Number:

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.

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

I understand that 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Contractor

\_\_\_\_\_  
Contractor's License Number

**NOTARY SECTION**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The applicant whose 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

(SEAL)

**APPROVAL SECTION**

APPROVED: \_\_\_\_\_

REJECTED: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
CHAIRMAN

Escambia County Contractor Competency Board or  
Escambia County Board of Electrical Examiners