

**State of Florida**  
**Department of Business and Professional Regulation**  
**Asbestos Licensing Unit**  
**Application for Financially Responsible Officer**  
**Form # DBPR ALU 5**

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

| <b>APPLICATION</b>                            | <b>APPLICATION REQUIREMENTS</b>  |
|---|--|
| <b>Remove Financially Responsible Officer</b> | <input type="checkbox"/> Complete Sections II and VII of this application.   |
| <b>Add Financially Responsible Officer</b>    | <input type="checkbox"/> Complete Sections III-VII application.<br><input type="checkbox"/> Fee of \$100 for Financially Responsible Officer application<br><input type="checkbox"/> Credit report on applicant from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state, and federal levels.<br><input type="checkbox"/> Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable.<br><input type="checkbox"/> Supporting legal documentation, if necessary. |
| <b>Change Financially Responsible Officer</b> | <input type="checkbox"/> Complete this entire application.<br><input type="checkbox"/> Fee of \$100 for Financially Responsible Officer application<br><input type="checkbox"/> Credit report on applicant from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state, and federal levels.<br><input type="checkbox"/> Proof of satisfaction of liens, judgments, and discharge of bankruptcy, if applicable.<br><input type="checkbox"/> Supporting legal documentation, if necessary.      |

**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 Financially Responsible Officer

#### a. Definition of “Financially Responsible Officer”-

- i. A person other than the primary qualifying agent who with the approval of the board assumes personal responsibility for all financial aspects of the business organization.
- ii. The Financially Responsible Officer has final approval authority on all business matters, including contracts, specifications, checks, drafts, or payments, regardless of the form of payment, made by the business entity.

### 2. Application Instructions (by section)

#### a. Section I- Application Type

##### i. Remove Financially Responsible Officer.

- (1) Select this application type if the qualified business decides to remove the Financially Responsible Officer and assign responsibility for all financial aspects of the business organization to the primary qualifying agent.
- (2) Complete Sections II and VIII.

##### ii. Add Financially Responsible Officer.

- (1) Select this application type if the qualified business with a primary qualifier decides to appoint a Financially Responsible Officer to have responsibility for all financial aspects of the business organization.
- (2) Complete Sections III-VIII.

- iii. **Change Financially Responsible Officer.**
  - (1) Select this application type if the qualified business with a current Financially Responsible Officer decides to change the person who is appointed as the Financially Responsible Officer.
  - (2) Complete this entire application.
- b. **Section II- Remove Financially Responsible Officer** (Complete only if you will be removing or changing a Financially Responsible Officer.)
  - i. Complete this section entirely.
  - ii. Provide the name of the Financially Responsible Officer to be removed.
  - iii. Provide the name of the business from which the Financially Responsible Officer will be removed. Provide the name of the business as it is registered with the Florida Division of Corporations. Provide the business license number.
  - iv. Provide the name of the Primary Qualifier of the business from which the Financially Responsible Officer will be removed.
  - v. Provide the license number of the Primary Qualifier named above.
- c. **Section III- Financially Responsible Personal Information**
  - i. Fill out each section completely.
  - ii. Provide the name of the business for which you are applying to be a Financially Responsible Officer. Provide the name of the business as it is registered with the Florida Division of Corporations. Provide the business license number.
  - iii. Provide the name and license number for the Primary Qualifier of the business for which you are applying to be a Financially Responsible Officer.
  - iv. Applicant to be a Financially Responsible Officer must provide their Social Security number. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
  - v. 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.
  - vi. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
  - vii. 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.
  - viii. 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.
  - ix. Applicants must provide the address for the business for which they are applying to be a Financially Responsible Officer.
  - x. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
  - xi. 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 IV- Background Questions**
  - i. Applicants must submit answers to each of the background questions.
  - ii. For each "Yes" answer the person must provide an explanation in Section V or VI, as applicable.

e. **Section V- Explanations for Background Questions 1 and 2**

- i. For this section, provide as much detail as possible.
- ii. **Question 1:**
  - (1) If you answer “yes” to this question, you must complete Section V [*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 V [*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.

f. **Section VI- Explanations for Background Questions 3 and 4**

- i. For this section, provide as much detail as possible.
  - ii. **Question 3:**
    - (1) If you answer “yes” to this question, you must complete Section VI [*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 VI [*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.
- g. **Section VII- Affirmation by Written Declaration**
- h. The Financially Responsible Officer must sign the affirmation by written declaration.

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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"/> Remove Financially Responsible Officer ( <b>Complete Sections II and VIII</b> ) [5903/9006]    |
| <input type="checkbox"/> Add Financially Responsible Officer ( <b>Complete Sections III-VIII.</b> ) [5903/3022]         |
| <input type="checkbox"/> Change Financially Responsible Officer ( <b>Complete this entire application</b> ) [5903/3022] |

**Section II – Remove Financially Responsible Officer**

**NOTE: If the business entity does not appoint a new Financially Responsible Officer, ALL Primary Qualifying Agents will be jointly and severally liable for all construction and business matters of the business entity.**

| BUSINESS INFORMATION                                   |
|--|
| Name of Financially Responsible Officer to be removed: |
| Name of Business:                                      |
| License Number of Business:                            |
| Name of Primary Qualifier:                             |
| License Number of Primary Qualifier:                   |

**Section III – Financially Responsible Officer Personal Information**

| BUSINESS INFORMATION  |       |   |       |        |
|---|-------|---|-------|--------|
| Name of business for which you are applying to be Financially Responsible Officer:                                |       |   |       |        |
| License Number of Business:   |       |   |       |        |
| Name of Primary Qualifier of Business for which you are applying to be Financially Responsible Officer:           |       |   |       |        |
| License Number of Primary Qualifier of Business for which you are applying to be Financially Responsible Officer: |       |   |       |        |
| Financially Responsible Officer to be Appointed   |       |   |       |        |
| Social Security Number*   |       |   |       |        |
| FULL LEGAL NAME   |       |   |       |        |
| Last Name   | First | Middle  | Title | Suffix |
| Birth Date (MM/DD/YYYY)<br>/ /  |       | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |       |        |

\* 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 III – Financially Responsible Officer Personal Information - continued**

| 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  |         |                        |       |        |
| 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 |

**Section IV – Financially Responsible Officer Background Questions**

| <b>BACKGROUND QUESTIONS</b> |  |                             |   |
|-----------------------------|--|-----------------------------|---|
| 1.                          | <input type="checkbox"/> Yes<br>(If yes, please complete Section V)  | <input type="checkbox"/> No | 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."<br><br>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.                          | <input type="checkbox"/> Yes<br>(If yes, please complete Section V)  | <input type="checkbox"/> No | 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.                          | <input type="checkbox"/> Yes<br>(If yes, please complete Section VI) | <input type="checkbox"/> No | 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.                          | <input type="checkbox"/> Yes<br>(If yes, please complete Section VI) | <input type="checkbox"/> No | Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?  |

If you answered "YES" to any question in questions 1 – 4 above, please refer to Instructions for details for providing complete explanations, including requirements for submitting legal documents. Please complete Section V for your response to questions 1 and 2, and complete Section VI for your response to questions 3 and 4. If you have more than three offenses to document in Section V or need additional room for Section VI, attach additional copies as necessary.

**Section V – Explanations for Background Questions 1 and 2**

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

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

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

