

NOTE: This application was perjury on initial submission. DBPR asked for additional information after finding a charge. Supplemental answers were also perjury because affiliations with other companies, active judgments and company revocations were all eliminated from his responses. DBPR gave him the license. THEY HAVE ALSO JUST RENEWED IT IN 2022 KNOWING ALL OF THESE CLAIMS EXIST !

State of Florida
Department of Business and Professional Regulation
Construction Industry Licensing Board
Application for Certified Residential Pool Contractor Who is Qualifying a Business
Form # DBPR CILB 6-K

RECEIVED
CIU Mail Intake
Stamp #2

JUL 18 2018

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. For additional information see the Instructions at the end of this application.

Section I - Application Type

| APPLICATION TYPES (Check only one.) | |
|---|---|
| <input checked="" type="checkbox"/> Certified License and Qualify a Business [0607/1030] | <input type="checkbox"/> Certified License and Qualify a Business with a Financially Responsible Officer [0607/1030; 0628/1030] |
| <p>NOTE: If applying with a Financially Responsible Officer, the Financially Responsible Officer must also complete Sections X-XII and Sections XIV-XVI. Use this application when you will be qualifying only one business entity.</p> | |

Section II - Applicant Personal Information

| PERSONAL INFORMATION | | | | |
|---|---------|--|------------------------|--------|
| Social Security Number* | | | | |
| Last Name | First | Middle | Title | Suffix |
| Black | Charles | David | | |
| Birth Date (MM/DD/YYYY) | | Gender | | |
| 05/09/1981 | | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | |
| MAILING ADDRESS | | | | |
| Street Address or P.O. Box | | | | |
| 2729 Pineapple Ave. | | | | |
| City | | State | Zip Code (+4 optional) | |
| Melbourne | | FL | 32935 | |
| County (if Florida address) | | Country | | |
| Brevard | | US | | |
| CONTACT INFORMATION | | | | |
| Primary Phone Number | | Primary E-Mail Address | | |
| (321) 586-9877 | | Chad.Black2012@gmail.com | | |
| RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS) | | | | |
| Street Address | | | | |
| 2729 Pineapple Ave. | | | | |
| City | | State | Zip Code (+4 optional) | |
| Melbourne | | FL | 32935 | |
| County (if Florida address) | | Country | | |
| Brevard | | US | | |

* 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 239-777-8321 | Fax Number 877-275-3593 |
| Alternate E-Mail Address support@licensesetc.com | |

| CURRENT/PRIOR LICENSE INFORMATION | | | |
|--|-------|-------------|-----------|
| If you currently or previously have 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 you currently known by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If your answer is yes, state name or names used below: | | | |
| Last Name | First | Middle | Suffix |
| Black | Chad | | |
| Last Name | First | Middle | Suffix |
| Black | Charles | D. | Charles M. Sus |
| Last Name | First | Middle | Suffix |

Section III – Qualifications for Certified License

METHOD OF QUALIFICATION

A person will qualify for a certified license by meeting one of the following requirements (check only one box below):

- 1. Four year construction-related degree from an accredited college (equivalent to three years experience) and one year proven experience applicable to the category for which you are applying.
- 2. One year experience as a foreman and not less than three years of credits from accredited college-level courses.
- 3. One year experience as a worker, one year experience as a foreman, and two years of credits from accredited college-level courses.
- 4. Two years experience as a worker, one year experience as a foreman, and one year of credits from accredited college-level courses.
- 5. Four years experience as a worker or foreman of which at least one year must have been as a foreman.
- 6. "Upgrade Method". A certified swimming pool servicing contractor holding an active current licensure for a minimum of 3 years in the classification in which he or she is certified. If you meet this eligibility requirement you are exempted from the Employment History section of this application. See Section 2(f)(vi) of Instructions for more information.
If checked, License #:

MILITARY VETERANS: A veteran will qualify for a certified license by meeting on of the following (check only one box below):

- 1. Three years of military service and one year experience as a foreman applicable to the category for which you are applying.
- 2. Two years of military service, one year experience as a foreman, and one year experience as a worker or foreman applicable to the category for which you are applying.
- 3. One year of military service, one year experience as a foreman, and two years experience as a worker or foreman applicable to the category for which you are applying.

TOTAL TIME OF EXPERIENCE FROM EMPLOYMENT HISTORY

Worker _____ Foreman 4 years, 2 months

List your employment history for the years of experience required for the method of qualification you selected. (Use additional sheets as necessary). The total time should equal or exceed the number of years of experience required for the method of qualification.

EXPERIENCE AREAS:

Applicants who have all the experience areas listed in Part A, through a combination of employment history, may have their experience approved by the Department. If you do not have all the experience areas listed in Part A, your experience may still be satisfactory; however, the Construction Industry Licensing Board will have to review your application to determine if you meet the experience requirements. Please be aware your application may be referred to the Board for other reasons and the experience reviewed by the Board at that time.

EMPLOYMENT HISTORY

| | | |
|---|------------------------------|--|
| 1. Employer Name and Address: CMS Contractors LLC 5011 Gunpowder Rd. Fairfax, VA 22030 | | Dates Employed (mm/yyyy to mm/yyyy): 03/2012 - 05/2016 |
| Employer License Number: VA License # 2705142284 | Contact Name: Susan Black | Employer Phone Number: (703) 376-1293 |
| Role: <input type="checkbox"/> Worker Number of _____ yrs _____ mths. | | Email: N/A |
| | | <input type="checkbox"/> Foreman Number of _____ yrs _____ mths. |

EXPERIENCE AREAS FOR THIS EMPLOYMENT PERIOD
(check all that apply)

Part A: Areas of experience from this employment period that demonstrate substantial compliance with statutory experience requirements:

- Installation of:
- Excavation, Grading, Backfill, Compacting
 - Plumbing Components
 - Electrical Components
 - Shell Placement
 - Deck Work
 - Tile, Coping, and Trim Work
 - Interior Surface Preparation and Finishing

Work Experience Description:

While working at CMS Contractors LLC as a foreman for 4 years and 2 months, I gained experience on projects incorporating installation of excavation, grading, backfill, compacting, shell placement, interior surface preparation and finishing, plumbing components, deck work, electrical components, tile, coping and trim work.

Section III – Qualifications for Certified License

Part B: Additional experience that may demonstrate substantial compliance with statutory experience requirements:

Repair and Servicing of:

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Excavation, Grading, Backfill, Compacting | <input checked="" type="checkbox"/> Plumbing Components | <input checked="" type="checkbox"/> Electrical Components |
| <input checked="" type="checkbox"/> Shell Placement | <input checked="" type="checkbox"/> Deck Work | <input checked="" type="checkbox"/> Tile, Coping and Trim Work |
| <input checked="" type="checkbox"/> Interior Surface Preparation and Finishing | | |

Work Experience Description:
 During this time, I also gained experience on projects incorporating repair and service of excavation, grading, backfill, compacting, shell placement, interior surface preparation and finishing, plumbing components, deck work, electrical components, tile, coping and trim work.

EMPLOYMENT HISTORY

2. Employer Name and Address: _____ Dates Employed (mm/yyyy to mm/yyyy): _____
 Employer Phone Number: _____

Employer License Number: _____ Contact Name: _____ Email: _____

Role: Worker Number of _____ yrs _____ mths. Foreman Number of _____ yrs _____ mths.

EXPERIENCE AREAS FOR THIS EMPLOYMENT PERIOD (check all that apply)

Part A: Areas of experience for this employment period that demonstrate substantial compliance with statutory experience requirements:

Installation of:

| | | |
|---|--|--|
| <input type="checkbox"/> Excavation, Grading, Backfill, Compacting | <input type="checkbox"/> Plumbing Components | <input type="checkbox"/> Electrical Components |
| <input type="checkbox"/> Shell Placement | <input type="checkbox"/> Deck Work | <input type="checkbox"/> Tile, Coping, and Trim Work |
| <input type="checkbox"/> Interior Surface Preparation and Finishing | | |

Work Experience Description:

Part B: Additional experience that may demonstrate substantial compliance with statutory experience requirements:

Repair and Servicing of:

| | | |
|---|--|---|
| <input type="checkbox"/> Excavation, Grading, Backfill, Compacting | <input type="checkbox"/> Plumbing Components | <input type="checkbox"/> Electrical Components |
| <input type="checkbox"/> Shell Placement | <input type="checkbox"/> Deck Work | <input type="checkbox"/> Tile, Coping and Trim Work |
| <input type="checkbox"/> Interior Surface Preparation and Finishing | | |

Work Experience Description:

Not Applicable

| | |
|--|--|
| | |
|--|--|

Section III – Qualifications for Certified License

| EMPLOYMENT HISTORY | |
|---|--------------------------------------|
| 3. Employer Name and Address: | Dates Employed (mm/yyyy to mm/yyyy): |
| | Employer Phone Number: |
| Employer License Number: | Contact Name: |
| | Email: |
| Role: <input type="checkbox"/> Worker Number of _____ yrs _____ mths. <input type="checkbox"/> Foreman Number of _____ yrs _____ mths. | |
| EXPERIENCE AREAS FOR THIS EMPLOYMENT PERIOD (check all that apply) | |
| Part A: Areas of experience from this employment period that demonstrate substantial compliance with statutory experience requirements: | |
| Installation of: <input type="checkbox"/> Excavation, Grading, Backfill, Compacting <input type="checkbox"/> Plumbing Components <input type="checkbox"/> Electrical Components <input type="checkbox"/> Shell Placement <input type="checkbox"/> Deck Work <input type="checkbox"/> Tile, Coping, and Trim Work <input type="checkbox"/> Interior Surface Preparation and Finishing | |
| Work Experience Description: <div style="height: 60px;"></div> | |
| Part B: Additional experience that may demonstrate substantial compliance with statutory experience requirements: | |
| Repair and Servicing of: <input type="checkbox"/> Excavation, Grading, Backfill, Compacting <input type="checkbox"/> Plumbing Components <input type="checkbox"/> Electrical Components <input type="checkbox"/> Shell Placement <input type="checkbox"/> Deck Work <input type="checkbox"/> Tile, Coping and Trim Work <input type="checkbox"/> Interior Surface Preparation and Finishing | |
| Work Experience Description: <div style="height: 60px;"></div> | |

Not Applicable

Section IV - Business to be Qualified Information

| BUSINESS TO BE QUALIFIED | | | |
|---|--|--|--|
| Business Name: Legacy Pools LLC | | | |
| Doing Business As (D/B/A): | | Federal Employer ID Number (FEID): 82-2580376 | |
| Business Type: <input type="checkbox"/> Sole Proprietor <input checked="" 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 checked="" type="checkbox"/> NO | | | |
| 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 3682 N. Wickham Rd., Suite B1 #271 | | | |
| City Melbourne | | State FL | Zip Code (+4 optional) 32935 |
| County (if Florida address) Brevard | | Country US | |
| BUSINESS CONTACT INFORMATION (IF DIFFERENT THAN APPLICANT INFORMATION) | | | |
| Contact Name: Charles David Black | | | |
| Phone Number of Contact (321) 586-9877 | | E-Mail Address of Contact Chad.Black2012@gmail.com | |
| BUSINESS LOCATION ADDRESS (IF DIFFERENT THAN MAILING ADDRESS) | | | |
| Street Address 3682 N. Wickham Rd., Suite B1 #271 | | | |
| City Melbourne | | State FL | Zip Code (+4 optional) 32935 |
| County (if Florida address) Brevard | | Country US | |

Section V - Primary Qualifier Information

| PRIMARY QUALIFYING AGENT | |
|---|---------------------------------|
| 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): | |
| Primary Qualifying Agent Name | License Number (if applicable): |
| Charles David Black | Pending this Application |
| 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 checked="" 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 X-XII and Sections XIV-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 VI - Secondary Qualifier Information (Optional)

| SECONDARY QUALIFIER | |
|--|---------------------------------|
| Name of person legally appointed as a secondary qualifier and is responsible only for the supervision of fieldwork at sites where his or her license was used to obtain the building permit and any other work for which he or she accepts responsibility (this must be the applicant or a licensed contractor): | |
| Secondary Qualifying Agent Name: | License Number (if applicable): |
| A secondary qualifying agent is not responsible for the supervision of financial matters. | |

Section VII - Business Ownership

| BUSINESS OWNERSHIP | | | |
|--|--|----------------------------|----------------|
| List below the business owners and percentage of ownership for each. The total must equal 100%. Attach additional copies as necessary. | | | |
| Name of Owner | Address | Social Security #/ FEID | % of Ownership |
| Charles David Black | 2729 Pineapple Ave. Melbourne, FL 32935 | | |
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STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
2601 Blair Stone Road, Tallahassee, FL 32399-0783

CONSTRUCTION LICENSE BOND

STATE OF Florida
COUNTY OF BREVARD

Bond #: W150320002

Effective Date: 07/10/2018

Obligee: Florida Construction Industry Licensing Board

Bond Amount: \$ [REDACTED]

Type of Bond: Construction License Bond

KNOW ALL PERSONS BY THESE PRESENTS, THAT

(Applicant) CHARLES BLACK
of (Company Name) LEGACY POOLS LLC, a company fully authorized to do business in the State of Florida, as Principal, and

(Bond Company) Old Republic Surety Company, a company fully authorized to do business in the State of Florida, as Surety, are held and firmly bound to the Florida Construction Industry Licensing Board, as Obligee, in Penal Sum of (amount in words) [REDACTED] Dollars for the payment of fines and costs pursuant to Rule 61G4-15.006, Florida Administrative Code, and any penalty to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents. The condition of this obligation is such that:

WHEREAS, Principal has been granted a license to conduct business under Chapter 455, Florida Statutes and;
NOW THEREFORE, if the (Company Name) LEGACY POOLS LLC, shall well and truly and faithfully make the payments to the State Treasurer of the State of Florida in his capacity as Treasurer of the Department of Business and Professional Regulation as provided in and as required by any and all laws of the State of Florida Business and Professional Regulation, and shall faithfully and accurately keep its books and records and make reports as in any and all of said laws provided and required, and shall conduct its business in conformity with said laws and rules of the Florida Department of Business and Professional Regulation, and shall well and truly keep and perform each and every requirement in and by said laws and rules provided, then this obligation to be null and void, otherwise to remain in full force and effect.

IT IS FURTHER AGREED AND UNDERSTOOD that the Obligee will retain an electronic record of this bond and power of attorney that will be utilized to make claims against this bond pursuant to Section 668.50, Florida Statutes. Collection of claims under this bond shall require a statement signed by a duly authorized official acting on behalf of the Florida Construction Industry Licensing Board, referencing the bond number and certifying that the amount of the draft is due and payable pursuant to a Final Order from the Construction Licensing Board; and a copy of this bond. The Principal shall retain the original bond. The Principal must maintain a license bond in effect until the Principal can demonstrate a credit score of 660 (FICO derived) or higher to the Florida Construction Industry Licensing Board. The Surety reserves the right to cancel this bond by sending a notice of cancellation by certified mail 30 days in advance of cancellation to the Executive Director of the Florida Construction Industry Licensing Board, 2601 Blair Stone Road, Tallahassee, Florida 32399. However, the Surety's liability shall continue for any indebtedness incurred or accrued during the period of this bond, including the 30-day notice period.

SIGNED this 10th day of July, 2018

PRINCIPAL: CHARLES BLACK
Print or Type Name of Applicant

[Signature]
Applicant Signature

COMPANY: CHARLES BLACK, P
Authorized Company Officer Name, Title

[Signature]
Signature Authorized Company Officer

SURETY: Old Republic Surety Company

BY: Elise Faust
Print Name of Attorney-in-fact

[Signature]
Signature Attorney-in-fact
(Attach Power of Attorney)





OLD REPUBLIC SURETY COMPANY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint: Elise Faust of Brookfield, WI

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding [redacted] and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, (other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds), as follows: Effective Date: 7/10/2018 12:00:00 AM

Bond Number: W150320002

Bond Amount: [redacted]

Principal Name: CHARLES BLACK

Obligee Name: FL Dept of Business & Professional Regulation of Tallahassee, FL

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18, 1982.

RESOLVED that the president, any vice president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

- (i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or
- (ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or
- (iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer, and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 10th day of July, 2018

Jane E. Chemev
Assistant Secretary



OLD REPUBLIC SURETY COMPANY

Alan Pavlic
President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 10th day of July, 2018, personally came before me, Alan Pavlic and Jane E. Chemev, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.



Kristina R. Pearson
Notary Public

My Commission Expires: 09/28/2018

(Expiration of notary's commission does not invalidate this instrument)

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

0922924



Signed and sealed at the City of Brookfield, WI this 10th day of July, 2018

Jane E. Chemev
Assistant Secretary

ORSC 22262 (3-06)

SOL RISK, INC. DBA SMITH INSURANCE & BONDS



5600 Hiatus Road
Tamarac, FL 33321
800-940-7277
www.goldcoastschools.com
"The Proof is in the Passing!"

CERTIFICATE OF COMPLETION

Charles Black
2729 Pineapple Ave
Melbourne, FL 32935

Student ID: 1760578
License Numbers:

Director
Authorized Signature

DBPR School Provider #: 0000983

Course: Financial Responsibility & Stability in Construction (online)

Start date: 07/06/2018
Completion date: 07/10/2018

The student named in the report has completed the referenced courses in accordance with the requirements of the CILB, ECLB, Architecture Board, Inspection Board, and Dade County.

Important note: Student information must be properly logged for students to obtain full credit for attendance. Gold Coast School of Construction, Inc., assumes no responsibility for incomplete, unreadable, or incorrect license information reporting. The student is responsible for accurately listing all numbers for which he or she is requesting credit. Failure to accurately report this information will result in no continuing education credit to be received by the student, which could result in license suspension. **ALL LICENSE INFORMATION PROVIDED BY THE STUDENT MUST BE COMPLETE AND ACCURATE FOR CE CREDIT TO BE ISSUED.**

Section VIII - Insurance Coverage

| INSURANCE | |
|--|--|
| <p>Minimum amounts required for General Liability Insurance: General and Building Contractors - \$300,000 public liability; \$50,000 property damage All other Categories - \$100,000 public liability; \$25,000 property damage</p> | |
| <p>1. Have you obtained public liability and property damage insurance in the amounts determined by rule of the Construction Industry Licensing Board, as specified above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>2. Have you obtained workers' compensation insurance or filed for an exemption with the Division of Workers' Compensation, and if not, do you attest that you will obtain an exemption within 30 days after your license is issued? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | |

Section IX - Financial Responsibility & Stability Requirements

| FINANCIAL RESPONSIBILITY & STABILITY | | | | | | | |
|---|--------------------------------------|--|--------------------------------------|---|--|---|--|
| <p>See Section 2(i) of Instructions for information on completing this section.</p> | | | | | | | |
| <p>• CREDIT REPORT The applicant must submit a credit report containing a credit score (FICO derived) from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state, and federal levels. (See Instructions for more information).</p> | | | | | | | |
| <p>• FINANCIAL RESPONSIBILITY & STABILITY REQUIREMENTS Financial responsibility & stability can be demonstrated by a credit score of 660 or higher and no unsatisfied judgments or liens. (See Rule 61G4-15.006, Florida Administrative Code for details).</p> | | | | | | | |
| <p>Does the submitted credit report show a credit score of 660 or higher? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | | | | | | |
| <p>If no, the financial stability requirement may be met by providing a bond or irrevocable letter of credit from a bank authorized to do business in the State of Florida,</p> <p style="padding-left: 40px;">with proof of completion of an approved 14-hour financial responsibility course, in the amount of:</p> <ul style="list-style-type: none"> • \$10,000 for Division I applicants • \$5,000 for Division II applicants <p style="padding-left: 40px;">without proof of completion of an approved 14-hour financial responsibility course, in the amount of:</p> <ul style="list-style-type: none"> • \$20,000 for Division I applicants • \$10,000 for Division II applicants | | | | | | | |
| <p>Have you completed a financial responsibility course approved by the Construction Industry Licensing Board? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | |
| <p>If yes, please complete the fields below.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">School Name: Gold Coast School of Construction, Inc.</td> <td style="border: none; width: 50%;">School Provider #: 0000983</td> </tr> <tr> <td colspan="2" style="border: none;">Name of Course: Financial Responsibility & Stability in Construction (online)</td> </tr> <tr> <td colspan="2" style="border: none;">Date(s) Attended: 07/06/2018 - 07/10/2018</td> </tr> </table> | | School Name: Gold Coast School of Construction, Inc. | School Provider #: 0000983 | Name of Course: Financial Responsibility & Stability in Construction (online) | | Date(s) Attended: 07/06/2018 - 07/10/2018 | |
| School Name: Gold Coast School of Construction, Inc. | School Provider #: 0000983 | | | | | | |
| Name of Course: Financial Responsibility & Stability in Construction (online) | | | | | | | |
| Date(s) Attended: 07/06/2018 - 07/10/2018 | | | | | | | |
| <p>If you will be submitting a bond or an irrevocable letter of credit, see page 17 of this application for further instructions.</p> | | | | | | | |

Section X – Background Questions

| BACKGROUND QUESTIONS | |
|---|---|
| Instructions: | |
| <p>The Applicant, Financially Responsible Officer (if applicable), and Authorized Representative(s) of the business must answer the background questions in this section.</p> | |
| <p>Authorized Representative(s) of the business are any of the following:</p> <ul style="list-style-type: none"> • 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) | |
| <p>NOTE: Accuracy of Authorized Representative(s) of the business may be checked on the Florida Division of Corporations website www.sunbiz.org.</p> | |
| <p>If YES to questions 1 or 2, please complete section XI. If YES to questions 3 or 4, please complete section XII.</p> | |
| | <p>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.</p> |
| | <p>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.</p> |
| | <p>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?</p> |
| | <p>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?</p> |

Section X – 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"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | Charles David Black | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No |
| | Social Security #: | | | | |
| 2 | Financially Responsible Officer– Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 3 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 4 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 5 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 6 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 7 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 8 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 9 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 10 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| | Social Security #: | | | | |

If you answered "YES" to any question in questions 1 – 4 above, please refer to Sections 2(j-l) of Instructions for detailed instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section XI for your response to questions 1 and 2, and complete Section XII for your response to questions 3 and 4. If you have more than three offenses to document in Section XI or more than two offenses in Section XII, attach additional pages as necessary.

Section XI – 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 – Explanations for “Yes” answers to Questions 3-4 – 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"/> 3 <input type="checkbox"/> 4 |
| State/Jurisdiction: | Application Type/License Number: |
| | |

| 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"/> 3 <input type="checkbox"/> 4 |
| State/Jurisdiction: | Application Type/License Number: |
| | |

Section XIII – 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: 7/10/2018 |
| Print Name: Charles David Black | |

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

Note: Financially Responsible Officer must complete Background questions in Sections X–XII.

| PERSONAL INFORMATION | | | |
|--|-------|---|------------------------|
| Social Security Number* | | | |
| FULL LEGAL NAME | | | |
| Last Name | First | Middle | 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 | |
| PRIOR NAME INFORMATION | | | |
| Have you used, been known as, or are you 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 for tax administration purposes.

Exam Information (*indicates required field)

Searching for Exam Information? You can search for your exam date, time and location. If DBPR has received your exam results, they will be displayed also. Please note that exam results may be subject to board review and/or ratification.

| | |
|--|----------------------|
| *Board: | <input type="text"/> |
| *Exam: | <input type="text"/> |
| *SSN or Tax Number: | <input type="text"/> |
| *Last Name: | black |
| <input type="button" value="Search"/> <input type="button" value="Clear"/> <input type="button" value="Cancel"/> | |

Search Results:

| Exam Information for: BLACK, CHARLES DAVID | | | | |
|---|--|-------------------|-----------------|-------------------|
| Exam: | Exam Part: | Date: | Results: | Exam Site: |
| Pool Specialty | Commercial/Residential-Business/Finance | 06/14/2018 | Pass | |
| Pool Specialty | Residential Trade Knowledge | 06/13/2018 | Pass | |

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: **Customer Contact Center** :: Customer Contact Center: 850.487.1399

The State of Florida is an AA/EEO employer. **Copyright 2007-2010 State of Florida. Privacy Statement**

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.

IdentoGO[®]

By MorphoTrust USA

PEARSONVUE - MELBOURNE -

Date:

20180630

Customer:

BLACK, CHARLES

Agent ID:

pperlman

Agency:

FL923400Z

TCN:

70CS05BPV42A000000357

Amount Paid:

Fee Paid By:



ORIGIN ID:MMMA
LISA ADAMS
LICENSES, ETC
896 110TH AVE N
SUITE #6
NAPLES, FL 34108
UNITED STATES US

(239) 777-8321

SHIP DATE 12 JUL 18
ACTWGT 1.00 LB
CAD: 1043 4500NET3980

BILL SENDER

TO
CENTRAL LICENSE INTAKE
DEPT OF BUSINESS & PROFESSIONAL REG
2601 BLAIR STONE ROAD

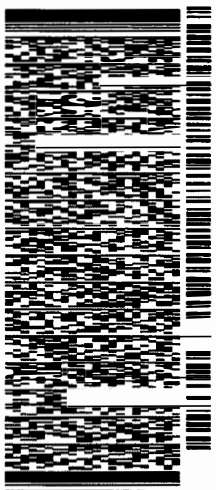
TALLAHASSEE FL 32399

(930) 497-1395

REF:BERNALDEZ,BELONV,BEARD,BLACK

DEPT:

NO:DEFELPP1,PLASTER,PRITCHARD



J181118912891m

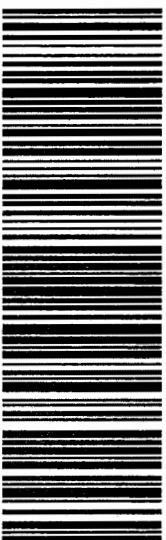
552.2A5320CA5

TRK# 7726 9671 2346

FRI - 13 JUL 3:00P
STANDARD OVERNIGHT

XH TLHA

32399
FL-US TLH



After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

1) General Note - General Note - 7/31/2018 - DIEGO.YANISKY 7/31/2018 9:10:57 AM On Page: 1
NO ENFORCEMENT FOUND.

2) General Note - General Note - 7/31/2018 - DIEGO.YANISKY 7/31/2018 9:04:42 AM On Page: 3
OK AS IS - TOTAL TIME REFLECTED ON SAME SECTION.

3) General Note - General Note - 7/31/2018 - DIEGO.YANISKY 7/31/2018 9:06:16 AM On Page: 3
VIRGINIA LICENSE OK AS IS.
PROVIDED SUFFICIENT AND PERTINENT EXPERIENCE.

4) General Note - General Note - 7/31/2018 - DIEGO.YANISKY 7/31/2018 9:11:43 AM On Page: 8
SHOWS "PRES" ON REGISTRATION - OK AS IS.

Department of Business and Professional Regulation
Central License Intake
2601 Blair Stone Road
Tallahassee, FL 32399

To Whom It May Concern:

I recently submitted an application to receive my Certified Pool/Spa Contractor's license. This application number is 37987. I received a deficiency regarding this application, stating that I would need to revise my answer to background question number one and provide an explanation for the offense(s).

Attached, please find the requested information. I was not provided any details regarding the dates in question, therefore, the attached information is to the best of my recollection. This should be everything you will need in order to finish expediting my application. If you have any questions, please contact my associate Lisa Adams at (239) 777-8321.

Thank you for your assistance,

Charles Black
Application # 37987

Section X – Background Questions- continued

| Person # | Indicate each response by checking "Yes" or "No" | Question Number | | | |
|----------|--|---|--|--|--|
| | | 1 | 2 | 3 | 4 |
| 1 | Applicant – Print Name | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | Charles David Black | <input type="checkbox"/> No | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No |
| | Social Security #: | | | | |
| 2 | Financially Responsible Officer – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 3 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 4 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 5 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 6 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 7 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 8 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 9 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| | Social Security #: | | | | |
| 10 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| | Social Security #: | | | | |

If you answered "YES" to any question in questions 1 -- 4 above, please refer to Sections 2(j-l) of Instructions for detailed instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section XI for your response to questions 1 and 2, and complete Section XII for your response to questions 3 and 4. If you have more than three offenses to document in Section XI or more than two offenses in Section XII, attach additional pages as necessary.

Section XI – Explanations for “Yes” answers to Questions 1-2 – Attach additional copies as necessary

| EXPLANATION | |
|--|---|
| This explanation relates to person # (check one): <input checked="" 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 checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 |
| Offense: Obtain Property Under False Pretense | |
| County: Union | State: NC |
| Date of Offense (mm/dd/yyyy): June 2016 | |
| Penalty/Disposition: Charges Dropped | Have all sanctions been satisfied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Description: There was an agreement to install a small walkway for a neighbor of a friend. His wife died in the middle of the process. I needed 4 weeks to repay him because I had already paid for materials. He filed 3.5 weeks later. Paid in full. | |

| EXPLANATION | |
|--|---|
| This explanation relates to person # (check one): <input checked="" 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 checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 |
| Offense: Obtain Property Under False Pretense | |
| County: Mecklenburg | State: NC |
| Date of Offense (mm/dd/yyyy): June 2016 | |
| Penalty/Disposition: Charges Dropped | Have all sanctions been satisfied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Description: There was an agreement to build a small brick wall for a neighbor of a friend. Brick mason took the entire deposit of the project and vanished. I was upfront with the person I was dealing with. I needed time to repay and they granted me 3 months to do so. He was an attorney and walked me through the process and wanted to make sure he would be repaid. I agreed to let him press charges, knowing that they would be dropped once paid. All is well. Shook hands on the day of final payment. | |

| EXPLANATION | |
|---|---|
| This explanation relates to person # (check one): <input checked="" 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 checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 |
| Offense: Driving on a Suspended License | |
| County: Jasper | State: SC |
| Date of Offense (mm/dd/yyyy): March or April of 2017 | |
| Penalty/Disposition: Fine | Have all sanctions been satisfied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Description: I had an unpaid speeding ticket from Virginia. We moved and I completely forgot about it. All sanctions are satisfied. | |

Section XII – Explanations for “Yes” answers to Questions 3-4 – 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"/> 3 <input type="checkbox"/> 4 |
| State/Jurisdiction: | Application Type/License Number: |
| | |

| 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"/> 3 <input type="checkbox"/> 4 |
| State/Jurisdiction: | Application Type/License Number: |
| | |

Department of Business and Professional Regulation
Central License Intake
2601 Blair Stone Road
Tallahassee, FL 32399

To Whom It May Concern:

I recently submitted an application to receive my Certified Pool/Spa Contractor's license. This application number is 37987. I received a deficiency regarding this application, stating that I would need to revise my answer to background question number one and provide an explanation for the offense(s).

Attached, please find the requested information. I was not provided any details regarding the dates in question, therefore, the attached information is to the best of my recollection. This should be everything you will need in order to finish expediting my application. If you have any questions, please contact my associate Lisa Adams at (239) 777-8321.

Thank you for your assistance,

Charles Black
Application # 37987

Section X – Background Questions- continued

| Person # | Indicate each response by checking "Yes" or "No" | Question Number | | | |
|----------|--|---|--|--|--|
| | | 1 | 2 | 3 | 4 |
| 1 | Applicant – Print Name | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | Charles David Black | <input type="checkbox"/> No | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No |
| | Social Security #: | | | | |
| 2 | Financially Responsible Officer – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | Social Security #: | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| 3 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | Social Security #: | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| 4 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | Social Security #: | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| 5 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | Social Security #: | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| 6 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | Social Security #: | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| 7 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | Social Security #: | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| 8 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | Social Security #: | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| 9 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | Social Security #: | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| 10 | Authorized Representative – Print Name | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | Social Security #: | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |

If you answered "YES" to any question in questions 1 -- 4 above, please refer to Sections 2(j-l) of Instructions for detailed instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section XI for your response to questions 1 and 2, and complete Section XII for your response to questions 3 and 4. If you have more than three offenses to document in Section XI or more than two offenses in Section XII, attach additional pages as necessary.

Section XI – Explanations for “Yes” answers to Questions 1-2 – Attach additional copies as necessary

| EXPLANATION | |
|--|---|
| This explanation relates to person # (check one): <input checked="" 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 checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 |
| Offense: Obtain Property Under False Pretense | |
| County: Union | State: NC |
| Date of Offense (mm/dd/yyyy): June 2016 | |
| Penalty/Disposition: Charges Dropped | Have all sanctions been satisfied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Description: There was an agreement to install a small walkway for a neighbor of a friend. His wife died in the middle of the process. I needed 4 weeks to repay him because I had already paid for materials. He filed 3.5 weeks later. Paid in full. | |

| EXPLANATION | |
|--|---|
| This explanation relates to person # (check one): <input checked="" 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 checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 |
| Offense: Obtain Property Under False Pretense | |
| County: Mecklenburg | State: NC |
| Date of Offense (mm/dd/yyyy): June 2016 | |
| Penalty/Disposition: Charges Dropped | Have all sanctions been satisfied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Description: There was an agreement to build a small brick wall for a neighbor of a friend. Brick mason took the entire deposit of the project and vanished. I was upfront with the person I was dealing with. I needed time to repay and they granted me 3 months to do so. He was an attorney and walked me through the process and wanted to make sure he would be repaid. I agreed to let him press charges, knowing that they would be dropped once paid. All is well. Shook hands on the day of final payment. | |

| EXPLANATION | |
|---|---|
| This explanation relates to person # (check one): <input checked="" 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 checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 |
| Offense: Driving on a Suspended License | |
| County: Jasper | State: SC |
| Date of Offense (mm/dd/yyyy): March or April of 2017 | |
| Penalty/Disposition: Fine | Have all sanctions been satisfied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Description: I had an unpaid speeding ticket from Virginia. We moved and I completely forgot about it. All sanctions are satisfied. | |

Section XII – Explanations for “Yes” answers to Questions 3-4 – 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"/> 3 <input type="checkbox"/> 4 |
| State/Jurisdiction: | Application Type/License Number: |
| | |

| 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"/> 3 <input type="checkbox"/> 4 |
| State/Jurisdiction: | Application Type/License Number: |
| | |