

**CONTRACTOR'S LICENSE CREDIT REPORT**

PLEASE COMPLETE THE FOLLOWING PAGE AND SIGN THE AUTHORIZATION FORM.  
YOU MAY FAX OR EMAIL THE COMPLETED FORM BACK TO US AT:  
FAX: 866-473-0571 EMAIL: [INFO@NEEDFLORIDALICENSE.COM](mailto:INFO@NEEDFLORIDALICENSE.COM)

<u>Item</u>	<u>Cost</u>	<u>Delivery Method</u>	<u>Cost</u>
Personal Credit Report	\$30	First Class Mail	Included
FRO Credit Report (State CILB Only)	\$30	USPS Priority Mail	\$6.00
Business Credit Report	\$60	UPS Ground (Florida)	\$10.00
Copies	\$10 Each Report	UPS Ground (out of State)	\$18.00
RUSH (immediate pull)	\$10	UPS Overnight	CALL FOR RATES

**For State Certified Licenses: We Can Expedite Your Credit Report(s) to the State of Florida DBPR via fax: please add \$10.00 (will require deficiency letter to accompany credit report)**

**Where are you applying for a license?**

State of Florida DBPR (construction): \_\_\_\_\_ State of Florida ECLB (electrical): \_\_\_\_\_

County Licensing Dept. (please indicate county) \_\_\_\_\_

***IF YOU ARE ORDERING A CREDIT REPORT TO SATISFY A DEFICIENCY ON YOUR CONTRACTOR'S LICENSE***

***APPLICATION, PLEASE INCLUDE A COPY OF YOUR DEFICIENCY LETTER OR DEFICIENCY EMAIL.***

OUR CREDIT REPORTS WILL BE MAILED TO YOU IN A SEALED ENVELOPE: DO NOT OPEN THE SEALED ENVELOPE. IF THERE IS AN ISSUE ON YOUR CREDIT REPORT, YOU WILL BE PROVIDED WITH AN ISSUE REPORT DETAILING COLLECTIONS/LIENS/JUDGMENTS THAT APPEAR ON YOUR REPORT.

**Mailing address for credit reports:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

# LICENSE EXAM SERVICES LLC

4713 Webber St. Sarasota, FL 34232

Phone: 941-706-2336 Fax: 866-473-0571

E-mail: info@needfloridalicense.com

<b>APPLICANT (QUALIFIER) AUTHORIZATION SECTION FOR CREDIT REPORT</b>				
LEGAL NAME				
HOME ADDRESS				
CITY		STATE		ZIP
HOME PHONE		CELL PHONE		
SSN		DATE OF BIRTH		
<b>FINANCIAL RESPONSIBLE OFFICER (IF APPLICABLE) AUTHORIZATION SECTION FOR CREDIT REPORT</b>				
LEGAL NAME				
HOME ADDRESS				
CITY		STATE		ZIP
HOME PHONE		CELL PHONE		
SSN		DATE OF BIRTH		
<b>BUSINESS AUTHORIZATION SECTION FOR CREDIT REPORT</b>				
LEGAL NAME				
FICTICIOUS NAME				
BUSINESS ADDRESS				
CITY		STATE		ZIP
MAIN PHONE		FAX		
EIN				

I hereby grant my permission for License Exam Services LLC to access my credit file and a background survey in line with this business transaction according to the guidelines of the Fair Credit Reporting Act. I agree that License Exam Services LLC is not responsible for any information contained in and is unable to change any information in any credit report. I agree to hold License Exam Services LLC harmless for anything which may appear on this report.

I agree that the credit report and credit profile pulled by License Exam Services LLC is only to be used only for the purpose of obtaining/maintaining a construction license and to be used for no other purpose. I understand that my credit report(s) are sent directly to the governmental entity for which I am obtaining a license for. License Exam Services LLC will provide an issue report and score.

Signed \_\_\_\_\_ Date \_\_\_\_\_