Construction Trades Qualifying Board

APPLICATION FOR CHANGE OF AFFILIATION

APPLICATION FEES

CHANGE OF AFFILIATION FEE.....$ 350.00
(Business Application not applicable to Journeyman and Maintenance man applicants)

MAKE CHECK PAYABLE TO MIAMI-DADE COUNTY

Refunds may be granted **only** for exam categories under specific circumstances outlined in Section 10-23 of the Code of Miami-Dade County. In those cases where a refund is applicable, there will be a non-refundable processing fee of $80. Refund requests must be made in writing no later than six months from the exam date. Original receipt must be presented for a refund.

APPLICATION SUBMITTAL

Return this application and all supporting documents by mail to the Miami-Dade County Building and Neighborhood Compliance Department Contractor Licensing, 11805 S.W. 26th Street, Room 207, Miami, FL 33175. You may also hand deliver documents to Contractor Licensing located on the 2nd floor of the same building. If you have questions, please contact one of the following Contractor Licensing staff at (786) 315-2880.

Licensing Clerk	Valease Spann
Licensing Clerk	Lourdes Maytin
Licensing Clerk	Karen Jackson
Licensing Clerk	DaShawn Williams
Licensing Clerk	Rafaela Castellon
Licensing Clerk	Melinda Thomas
Supervisor	Shirley Brown

*For Engineering categories, return application and all supporting documents to the Public Works Department at 111 NW 1st Street, Suite 1510, Miami, FL 33128. For further information call (305) 375-2705.

FILING DATE

All licensing categories requiring an exam must be reviewed and approved by the Contractor Enforcement Section and the Construction Trades Qualifying Board prior to taking an exam. The completed application along with the supporting documents as required with the fee must be received at least thirty (30) calendar days before the next scheduled CTQB meeting. A notice will be sent to the applicant indicating the date, time and location of the requested examination at least 10 days prior to the next scheduled exam.

Construction Trades Qualifying Board

APPLICATION INSTRUCTIONS FOR MIAMI-DADE COUNTY
CONTRACTOR'S BUSINESS CERTIFICATE OF COMPETENCY

CODE REGULATIONS **Chapter 10 of the Code Of Miami-Dade County** requires any persons, sole proprietorships, partnerships or other business entities desiring to engage in the business or acting in the capacity of a contractor or subcontractor in the construction field in both the incorporated and unincorporated areas of Miami-Dade County to be approved and certified by the Miami-Dade County Construction Trades Qualifying Board (CTQB), State of Florida Construction Industry Licensing Board or the State of Florida Electrical Contractors Licensing Board. The CTQB will, as authorized by law, consider the work experience of the qualifying agent, financial status and other pertinent information relative to the applicant in determining if the application should be approved.

APPLICATION GUIDELINES

1. The following are guidelines on the applications required to be completed in order to obtain a Business Certificate of Competency: Applications may be typed or handwritten (must be legible).

- If a Corporation or a Business Entity other than a sole proprietorship or partnership, a ***Business Application for Corporation/Business Entity*** form must be completed. (Section A of the Business Application must be completed by the Qualifying Agent. Section B of the Business Application must be completed by the president or authorized officer.)

- If a Sole Proprietorship, a ***Business Application for a Proprietorship*** form must be completed. (The qualifying agent must complete the entire business application.)

- If a Partnership, a ***Business Application for a Partnership*** form must be completed. (Section A of the Business Application must be completed by the person qualifying the Partnership. Section B of the Business Application must be completed by the Partners.)

- For a Change of Affiliation, a ***Business Application, Outgoing Affidavit (Change of Affiliation)*** form must be completed.

- To place a certificate in inactive status, an ***Outgoing Affidavit (Inactive Status)*** form must be completed.

- To add a "DBA" to an existing company name, a ***Business Application, Outgoing Affidavit (Change of Affiliation)*** form must be completed along with a fee of $100.00.

2. An answer must be provided for each question. If a question does not apply, please indicate "N/A" (Not Applicable).

3. Applications must be sworn to before a Notary Public and bear a Notary Seal. Applicants are responsible for having the business application notarized prior to submission to the Contractor Licensing Section.

4. The Qualifying Agent must have a significant interest or financial interest in the entity he/she is qualifying as evidenced by his/her position as an officer or partner or principal stockholder in accordance with Section 10-6 (E) 5 of the Code of Miami-Dade County.

5. If you are qualifying a Corporation, you must obtain from the Secretary of State, Tallahassee, Florida, the **CERTIFICATE OF STATUS UNDER THE GREAT SEAL** showing the corporation is currently authorized to do business in Florida. This original certificate must be presented to the Contractor Licensing Section and a copy submitted with the application. If sending the application by mail, a notarized copy of the certificate must be submitted.

6. The applicant must submit a copy of the Articles of Incorporation with proof of acknowledgment by the Florida Department of State or By-laws, whichever applicable. To obtain or make a change to the Articles of Incorporation call the Florida Department of State, Division of Corporations at (850) 245-6051.

7. Under the *Fictitious Name Law*, if your business entity (does not apply to corporations) bears something other than your full legal name, it is necessary that you secure a certificate from the Secretary of State, Tallahassee, Florida, at (850) 487-6058 indicating that you have registered. This certificate must be submitted with the application.

8. If you are qualifying a business entity other than a corporation or proprietorship, you must submit documents that demonstrate the ownership interest of the business including, but not limited to, name, home address, and ownership interest.

9. CERTIFICATE **OF GENERAL LIABILITY INSURANCE.** A certificate of general liability insurance must be filed with the Board with the following minimum insurance limits before a Contractor's Certificate of Competency can be issued.

Minimum Insurance Limits:

- Bodily Injury Liability $300,000 Per accident or occurrence
- Property Damage $ 50,000 Per accident or occurrence

The Certificate of General Liability Insurance must be in the name of the Sole Proprietorship, Partnership, Joint Venture, Corporation or other business entity. **The Certificate of General Liability Insurance should not be obtained until after the application has been approved by the CTQB.**

NOTE: Insurance certificate must be made out to: Miami-Dade County Building and Neighborhood Compliance Dept., 11805 S.W. 26 Street, Room 207, Miami, FL 33175.

10. **CERTIFICATE OF WORKER'S COMPENSATION INSURANCE** Worker's compensation insurance must be presented to the municipal building department when pulling permits. In the case of the Unincorporated Dade County Building Department, worker's compensation insurance must first be presented to the Contractor Licensing Section in order to pull permits and/or engage in business. If a contractor applicant is exempt from the Worker's Compensation Insurance, he/she must submit to the Contractor Licensing Section an executed exemption issued by the Florida Division of Worker's Compensation (phone no. (305) 377-5385).

11. All qualifying agents employed by Miami-Dade County are exempt from providing a Certificate of General Liability and Worker's Compensation Insurance (this does not apply to qualifying agents under contract with Miami-Dade County).

12. Pursuant to Administrative Order No. 4-112, the following fee must accompany the application:

- **$315 per Business Certificate of Competency**
  If you are an active certified contractor and want to add additional qualifying agent(s), you must submit a business application and pay the required fee of $315.00 for each additional qualifying agent.
- **$350 per Change of Affiliation**
  A Change of Affiliation occurs when an active certified contractor changes the name of their business or wishes to leave the company he/she is qualifying in order to qualify another business entity. Please note, that a personal certificate of eligibility is required before you can qualify a business.
- **$150 per Inactivation of Business Certificate of Competency**
- **$100 to add a DBA to an existing company**

Note: The fees provided above are non-refundable. Please make your check payable to Miami-Dade County

13. **FILING DATE**: Before CTQB can consider the issuance of a business certificate of competency; a credit report must be ordered by the applicant and received prior to the meeting. The credit agency takes approximately two to three weeks to provide the credit report. Therefore the completed application, along with all supporting documents as required with the fee, must be received at least thirty (30) calendar days before the next scheduled CTQB meeting. A notice of the board decision will be sent to the applicant ten (10) business days after the CTQB meeting.

14. **IMPORTANT!** If you fail to finalize your paperwork within **180 days from the date of CTQB approval**, your application will be **NULL AND VOID** and you will be required to pay the full application fee to re-file.

15. **APPLICATION SUBMITTAL** Return this application and all supporting documents by mail to the Miami-Dade County Building and Neighborhood Compliance Department, Contractor Licensing, 11805 S.W. 26 Street, Room 207, Miami, Florida 33175-2474. You may also hand deliver documents to Contractor Licensing located on the 2nd floor of the same building. If you have questions, please contact the Contractor Licensing staff at (786) 315-2880.

Building/Building Specialties:	Rafaela Castellon, Valease Spann, Dashawn Williams, Lourdes Maytin, Melinda Thomas
Electrical/Mechanical/Plumbing/LP Gas:	Karen Jackson
Supervisor:	Shirley Brown

NO APPLICATION OR PART THEREOF WILL BE ACCEPTED UNLESS COMPLETELY FILLED OUT, PROPERLY EXECUTED AND ACCOMPANIED BY ALL REQUIRED SUPPORTING DOCUMENTS AND THE REQUIRED FEE.

Construction Trades Qualifying Board
AFFIDAVIT (CHANGE OF AFFILIATION)

I, _____ desire to change my current affiliation as qualifier of
(Name of Qualifier)

(1)_____ in order to qualify _____ .
(Name of current business entity) (Business entity applying to qualify)

I further state that my capacity as the qualifier in connection with the business entity listed as item (1) above is to go inactive. I have no personal unpaid obligations except as listed below. (If you have obligations, indicate also what arrangements have been made for payment).

_____

_____

_____

I further state that the business listed as item (1) above has no unpaid obligations except as listed below. (If it has obligations, indicate also what arrangements have been made for payment).

_____

_____

_____

I further state that the business listed as item (1) above has no outstanding permits and/or incomplete contracts except as listed below.

PERMIT NO. ADDRESS of JOB WHAT WAS BEING BUILT PERCENTAGE of JOB COMPLETED

_____

_____

_____

_____

If there are outstanding permits and/or incomplete jobs, what arrangements have been made for completion?

_____

_____

_____

SIGNED BY: _____

STATE OF FLORIDA)
SS:
COUNTY OF DADE)

I hereby certify that on this _____ day of _____, A. D. 20_____ before me did personally appear

_____ to me known to be the person described in and who executed the forgoing instrument and did acknowledge that he/she executed the same freely and voluntarily and for the uses and purposes therein mentioned and that all statements contained therein are true and honest to the best of his/her knowledge.

WITNESS my signature at Miami, in the County and State aforesaid on the day and year last aforesaid.

NOTARY PUBLIC:_____

My commission expires

SECTION D- BUSINESS APPLICATION for a CORPORATION/BUSINESS ENTITY
(Other than Sole Proprietorship or Partnership)
Qualifier Information (To be completed by the Qualifying Agent)

Trade and Category (Refer to category list)

1. **Name of Qualifying Agent** **Last 4 digits of SS#**

Home Address **City** **State** **Zip Code**

Home Telephone No. **Driver's License No.**

Height **Weight** **Color of Hair**

Date of Birth **Place of Birth (City and State)**

Business Name **Position**

Business Address **City** **State** **Zip Code**

Business Telephone No. **Business Fax No.** **Email Address**

Name of qualifying agent who completed SECTION A. **NAICS CODE (See Attached List)**

Provide his/her title in connection with the business entity

2. **Were you ever refused a contractor's license? NO ☐ YES ☐**

What type of license?

Where?

Why were you refused?

3 **a. Do you currently hold a certificate issued by any Florida State Board? NO ☐ YES ☐**
If YES, provide Certificate No. and names of the business entity you qualify (or indicate 'Inactive', if appropriate).

c. Are you qualifying a business entity in this or some other county within the State of Florida?
NO ☐ YES ☐ If YES, in what
In what trade? Provide name of business entity
If applicable, provide state registration No.

4. List the principal stockholders/equity holders and the percentage of stock owned/ownership interest by each of them:

NAME, ADDRESS AND OFFICE HELD	PERCENTAGE OF STOCK/ OWNERSHIP INTEREST

5. List all businesses owned, operated, or managed by you at the present time, and all businesses in which you have had an active part in Florida or elsewhere during the last five years with addresses.

6. REFERENCES: list four references which can provide information as to your competency and financial responsibility. An employer, and architect or engineer, a supply house and a financial institution are suggested.
(NOTE. - This question is restricted to tested categories only)

1. _____
Name Address Home Telephone No.

2. _____
Name Address Home Telephone No.

3. _____
Name Address Home Telephone No.

4. _____
Name Address Home Telephone No.

7. Provide below the name, home address and home telephone no. of all officers. (Use additional sheet if necessary)

NAME HOME ADDRESS HOME TELEPHONE No.

PRESIDENT _____

VICE- PRESIDENT _____

SECRETARY _____

TREASURER _____

CHIEF CONST. MANAGER _____

DIRECTOR _____

DIRECTOR _____

OTHER _____

8. **Have any of the Officers or Directors of the corporation/business entity been convicted of a felony during the past five years in the State of Florida or elsewhere? NO ☐ YES ☐ If YES, state where and the nature of offense. Provide name of court and case number.**

_____

_____

_____

_____

_____

9. **Are any of the Officers or Directors of the corporation/business entity presently charged with committing a felony? NO ☐ YES ☐ If YES, state where and nature of offense. Provide name of court and case number.**

_____

_____

_____

10. **Have any of the officers or directors failed in business in the last five years? NO ☐ YES ☐ If YES, please specific details.**

_____

_____

_____

11. **Have you or has any officer or director as an individual, or as an officer or director of a corporation or as a member of a business entity ever committed an act within the past three years which if committed by a licensed contractor would be grounds for suspension or revocation of such contractor's license? NO ☐ YES ☐ If YES, please provide details**

_____

_____

_____

12 **Have you or has any officer or director as an individual or officer or director of a corporation or member of a business entity, ever benefited from or caused injury to another as the result of an act within the past three years involving dishonesty, fraud, negligence, deceit or lack of integrity? NO ☐ YES ☐ If YES, please explain.**

_____

_____

_____

13. Have you or any member of the business entity or officer or director of the corporation ever had a Certificate of Competency suspended or revoked by the Florida Construction Industry Licensing Board or other state licensing authority or the licensing authority of another municipality or county whether located in the State of Florida or another state? NO ☐ YES ☐ If YES, please explain.

_____

_____

_____

The following are definitions needed in order to answer the next set of questions.

(i) If a corporation, the qualifying agent, the president, vice-president, secretary and any stockholder controlling 25% or more of the stock in the corporation; if a joint venture, the qualifying agent, partners or president, vice-president, secretary and any stockholder controlling 25% or more of the stock in the corporations if the joint venture is comprised of corporations, if any other business entity, the chief officer and any other officer relevant to the record keeping or finances of the business entity as well as any owner of the business entity owning 25% or more of the business entity.

(ii) For purpose of this rule "responsible person" includes a qualifying agent, any partner, joint venture partner, corporate officer, corporate director, trustee and stockholder controlling 25% or more in a corporation.

14. Has any bonding or surety company ever completed or made a financial settlement upon any construction contract work undertaken by any person named in (i) above or any organization in which such person was a responsible person as defined in (ii) above? NO ☐ YES ☐

15. Are there now any liens, suits or judgments of record or pending against any person named in (i) above or any organization in which any such person was a responsible person as defined in (ii) above, as a result of the construction operations of such person or organization? NO ☐ YES ☐

16. Are there now any liens of record by the U.S. Internal Revenue Service or the State of Florida Corporate Tax Division against any person named in (i) above or any organization in which any such person was a responsible person as defined in (ii) above? NO ☐ YES ☐

17. Has any person named in (i) above or has any organization in which any such person was a responsible person as defined in (ii) above ever made an assignment of assets in settlement of construction obligations for less than the total amount of the indebtedness? NO ☐ YES ☐

18. Has any person named in (i) above or has any business entity in which any person was a member been convicted of acting in the capacity of a contractor without a license or if licensed as a contractor in this or any other state has any disciplinary action (including probation, fine or reprimand) ever been taken against such license by a state, county or municipality? NO ☐ YES ☐

19. Has any person in (i) above or has any business entity in which such person was a responsible person as defined in (ii) above ever been convicted of a felony within the past five years in this state or elsewhere? NO ☐ YES ☐

20. Does the Qualifying Agent have a significant management and/or financial interest in the contracting business he/she is qualifying as evidenced by his/her position as an officer or principal stockholder in the business entity? NO ☐ YES ☐
If YES, provide position _____ , percentage of ownership interest _____%.

I hereby certify that _____ is the qualifying agent for the corporation/business entity and that he/she has the authority to act for the corporation/business entity in all matters connected with the contracting business and will supervise the construction under the certificate of competency and occupational license issued to the corporation/business entity and the corporation/business entity will assume full responsibility for the actions of the qualifying agent in connection therewith.

I further certify that I will notify the Construction Trades Qualifying Board (CTQB) immediately if the above named qualifying agent, severs his/her connection with the corporation/business entity. I further agree that the CTQB may obtain information concerning the financial condition of the corporation/business entity from any source, including confidential information. The above is a full disclosure of all parties of interest in this application to the best of my knowledge. I am aware that we must finalize the paperwork within 180 days from the date of CTQB approval and failure to do so will result in the application becoming null and void and we will be required to pay the full fee to refile. I am also aware that the fee for this application is non-refundable.

X_____
SIGNATURE OF President or other Officer Authorized to Bind Corporation/Business Entity other than the Qualifying Agent

_____
PRINT NAME &TITLE

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to and Subscribed before me that this is a true statement this _____ day of _____20_____

My Commission Expires _____

_____
NOTARY PUBLIC

2007 North American Industry Classification System (NAICS)

Sector 23—Construction

236115	New Single-Family Housing Construction (except Operative Builders)
236116	New Multifamily Housing Construction (except Operative Builders)
236117	New Housing Operative Builders
236118	Residential Remodelers
236210	Industrial Building Construction
237110	Water and Sewer Line and Related Structures Construction
237120	Oil and Gas Pipeline and Related Structures Construction
237130	Power and Communication Line and Related Structures Construction
237210	Land Subdivision
237310	Highway, Street, and Bridge Construction
237990	Other Heavy and Civil Engineering Construction
238110	Poured Concrete Foundation and Structure Contractors
238120	Structural Steel and Precast Concrete Contractors
238130	Framing Contractors
238140	Masonry Contractors
238150	Glass and Glazing Contractors
238160	Roofing Contractors
238170	Siding Contractors
238190	Other Foundation, Structure, and Building Exterior Contractors
238210	Electrical Contractors and Other Wiring Installation Contractors
238220	Plumbing, Heating, and Air-Conditioning Contractors
238290	Other Building Equipment Contractors
238310	Drywall and Insulation Contractors
238320	Painting and Wall Covering Contractors
238330	Flooring Contractors
238340	Tile and Terrazzo Contractors
238350	Finish Carpentry Contractors
238390	Other Building Finishing Contractors
238910	Site Preparation Contractors
238990	All Other Specialty Trade Contractors

For additional information on NAICS codes you may call 301-763-INFO (4636) or 800-923-8282 or go to their website at http://www.census.gov/eos/www/naics/index.html

CHECKLIST

Personal Application

- ☐ **Copy of Drivers License**
- ☐ **Copy of Social Security Card**
- ☐ **Passport Size Photograph**
- ☐ **Reference Letter from a Licensed Contractor**
- ☐ **Completed Application(s) Signed & Notarized**
- ☐ **Fee(s)**
- ☐ **Personal Credit Report (Equifax or Experian)**

Business Application

- ☐ **Articles of Incorporation**
- ☐ **Completed Application(s) Signed and Notarized**
- ☐ **Fee(s)**
- ☐ **Business Credit Report**
  (Dun & Bradstreet, Experian or TranUnion)

INCOMPLETE APPLICATIONS WILL BE RETURNED