Construction Trades Qualifying Board

APPLICATION FOR
**CHANGE OF AFFILIATION**
(Name Change)

APPLICATION FEES

CHANGE OF AFFILIATION ......................................................... $350.00

MAKE CHECK PAYABLE TO: MIAMI-DADE COUNTY

Refunds may be granted under specific circumstances and in those cases, there will be a non-refundable processing fee of $80. Refund requests must be made in writing no later than 180 calendar days from the exam approved 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 Regulatory and Economic Resources Department, Contractor Licensing, 11805 S.W. 26 Street, Room 207, Miami, FL 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 one of the following Contractor Licensing staff at (786) 315-2880.

Karen Jackson
Ronnie Diaz
Melinda Thomas
Maxine Canovas
Jorge Saname
Jose Lezcano

*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 applications must be reviewed and approved by the Construction Trades Qualifying Board. The completed application along with the supporting documents and fee must be received by the deadline for the next available scheduled Board meeting. A notice will be sent to the applicant indicating the results of the Board and you may contact us the following Monday after the meeting.
AFFIDAVIT - CHANGE OF AFFILIATION

[ ] change to new company (new license number)
[ ] change name of existing company (same license number)

I, __________________________________________ desire to change my current affiliation as qualifier of ________________________

(Name of Qualifier) (Name of current business entity)

________________________ and ________________

(license number) (Business entity applying to qualify including DBA, if any)

in order to qualify __________________________________________

.(license number)

I further state that my capacity as the qualifier in connection with the current business entity listed is to disconnect as qualifier.

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?

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

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 ____________
**BUSINESS APPLICATION - CHANGE OF AFFILIATION**

Corporation/LLC _____  Partnership _____  Sole Proprietor _____

Trade and Category (Refer to category list)

1. Name of Qualifying Agent ___________________________  Last 4 digits of Social __________

   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 ___________________________

   DBA Name (if any) ___________________________  Position ___________________________

   Business Address ___________________________________________  City _______  State _______  Zip Code _______

   Business Telephone No. ___________________________  Business Fax No. ___________________________

   Email Address ___________________________

   Name of Qualifying Agent ___________________________  NAICS CODE (See attached List)

   Provide his/her title in connection with the business entity ___________________________

2. 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 ________%

3. If a corporation or LLC, list the principal stockholders/equity holders/managers and the percentage of stock owned/ownership interest by each of the officers/managers. If a partnership, list all partners and their ownership interest of each of partners.

   **NAME, ADDRESS AND TITLE HELD**

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   **2**
4. 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.


5. Have you or any of the Officers, Partners or Managers of the company are currently or have been convicted of a felony 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.


6. 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 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, serves 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.

X______________________________
SIGNATURE of President, Officer, Manager or other 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____

__________________________
NOTARY PUBLIC

My Commission Expires ________________
CHECKLIST

CHANGE OF AFFILIATION

Copy of Driver’s License

Completed Change of Affiliation Affidavit - Business Application

Florida Articles of Incorporation/LLC/Partnership for new company

Business Credit Report For The OLD And NEW Company names (Dun & Bradstreet, Experian or TransUnion) (PUBLIC RECORDS SECTION)

Fee(s)

*INCOMPLETE APPLICATIONS WILL BE RETURNED*