



MIAMI-DADE COUNTY, FLORIDA
DEPARTMENT OF REGULATORY AND ECONOMIC
RESOURCES

11805 SW 26th Street (Coral Way)
Miami, Florida 33175
(786) 315-2000

CONTRACTOR LICENSING SECTION
(786) 315-2880 Fax (786) 315-2450

**CONSTRUCTION TRADES QUALIFYING BOARD
CONTRACTOR LICENSING
INSTRUCTIONS FOR CONTINUING EDUCATION
COURSE RENEWAL**

NOTE: ALL CONTINUING EDUCATION COURSES MUST BE RENEWED BY THE MIAMI-DADE COUNTY CONSTRUCTION TRADES QUALIFYING BOARD EVERY TWO (2) YEARS.

BEFORE SUBMITTING THIS APPLICATION TO THE BOARD, REVIEW THE APPLICATION TO ENSURE THAT ALL SECTIONS ARE COMPLETED. PLEASE NOTE: ONE (1) COURSE RENEWAL PER FORM.

STATUTORY AUTHORITY: Chapter 10 of the Code of Miami-Dade County

FEE: The fee for renewing each individual Continuing Education Course is \$25 per credit hour, the maximum fee for each course is \$100. Course approval is valid for two years unless otherwise specified by the Board. **MAKE CHECK PAYABLE TO: DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES.**

APPLICATION DEADLINE: All Continuing Education Course Renewal forms should be received no later than ninety (90) days prior to expiration. Any application received after the deadline may not be processed by the Board prior to the expiration of the Course.

COMPLETION OF APPLICATION FORMS:

PART I: Sponsor data. This section is for information regarding the **course sponsor** and the **contact person**. **Note: The Board will only recognize one (1) contact person for each sponsor and will only correspond with that individual.**

PART II: Ownership data. This section is for information regarding any individuals or business entities with ownership or interest in the course sponsor. If there are no individuals or business entities that are entitled to revenues from the course sponsor, please type N/A on the first line only. (**NOTE:** Attach additional lists if necessary.)

PART III: Sponsor contact affidavit. Statement regarding the accuracy of the information submitted.

PART IV: Course renewal data. This section is for information regarding the course that you are requesting the Board to renew. **Note: If the course title, duration, instructor, description or content has changed, a new Application for Continuing Education Course Approval form must be completed and submitted to the Board.**

**CONSTRUCTION TRADES QUALIFYING BOARD
CONTRACTOR LICENSING
CONTINUING EDUCATION COURSE RENEWAL**

FOR OFFICE USE ONLY

PAID PROCESS # _____ DATE __/__/____ BOARD SECRETARY _____
 APPROVED [] REJECTED []
 COMMENT/REASON _____
 SIGNED _____ BOARD MEMBER, CTQB DIVISION _____ DATE: __/__/____

PART I. CONTINUING EDUCATION SPONSOR DATA:

CONTACT'S NAME:		LAST 4 DIGITS OF SOCIAL SECURITY #:	
SPONSOR NAME:			
MAILING ADDRESS:			
street		city	
zip			
TELEPHONE #		Federal Tax ID #	
E-Mail Address		Fax #	
Have you ever been approved as course provider of continuing education courses by the Florida Construction Industry Board or Electrical Contractors Licensing Board? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>] Provider Number _____			

CONTINUING EDUCATION COURSE APPROVAL FORM CONTINUED

PART II: OWNERSHIP DATA: List names and addresses of entities, persons or business/companies which are entitled to receive revenues from the continuing education sponsor.
Use additional sheets as necessary. **IF THIS SECTION IS NOT APPLICABLE, PLEASE INDICATE N/A.**

INDIVIDUAL/COMPANY NAME:			
ADDRESS:			
STREET		CITY	STATE ZIP
TELEPHONE #:		LAST 4 DIGITS OF SOCIAL SECURITY #:	
FEDERAL TAX ID #:			

PART III. SPONSOR CONTACT AFFIDAVIT:

(TO BE FILLED OUT ONLY BY THE SPONSOR)

THIS SECTION IS TO BE SIGNED BY THE SPONSOR CONTACT PERSON IN THE PRESENCE OF A NOTARY PUBLIC

I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT. I AGREE THAT ANY MISPRESENTATION OF MATERIAL FACTS HEREIN WILL RESULT IN COURSE DISAPPROVAL IN MIAMI-DADE COUNTY.

SIGNATURE OF SPONSOR CONTACT _____

DATE _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 ____

NOTARY PUBLIC:

SIGN: _____ CHECK ONE _____ PERSONALLY KNOWN TO ME

PRINT: _____ PRODUCED IDENTIFICATION

TYPE OF ID PRODUCED _____

PART IV. COURSE RENEWAL DATA:

COURSE TITLE: _____

COURSE NUMBER: _____

COURSE DURATION: _____ **(Note: One (1) Continuing Education Hour = Fifty (50) Minutes of Instruction).**