CONSTRUCTION TRADES QUALIFYING BOARD
CONTRACTOR LICENSING
INSTRUCTIONS FOR CONTINUING EDUCATION SPONSOR RENEWAL

NOTE: THIS FORM IS TO BE USED FOR CONTINUING EDUCATION SPONSOR RENEWAL ONLY.

BEFORE SUBMITTING THIS RENEWAL TO THE BOARD, REVIEW THE FORM TO ENSURE THAT ALL SECTIONS ARE COMPLETED.

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

RENEWAL FEE: The renewal fee for a Continuing Education Sponsorship is $200.00. MAKE CHECK PAYABLE TO: DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES.

RENEWAL DEADLINE: All Continuing Education Sponsor Renewal forms must 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 Sponsorship.

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.
CONSTRUCTION TRADES QUALIFYING BOARD
CONTRACTOR LICENSING
CONTINUING EDUCATION SPONSOR 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 [ ] NO [ ] Provider Number __________________________
CONTINUING EDUCATION SPONSOR APPROVAL 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.**

<table>
<thead>
<tr>
<th>INDIVIDUAL/COMPANY NAME:</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>STREET</td>
<td>CITY</td>
</tr>
<tr>
<td>TELEPHONE #:</td>
<td>SOCIAL SECURITY #</td>
</tr>
<tr>
<td>FEDERAL TAX ID #:</td>
<td></td>
</tr>
</tbody>
</table>

PART III. SPONSOR CONTACT AFFIDAVIT:

**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 MISREPRESENTATION OF MATERIAL FACTS HEREIN WILL RESULT IN SPONSORSHIP REVOCATION 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 ________

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Homepage: http://www.miamidade.gov/development