Construction Trades Qualifying Board
APPLICATION FOR
*INACTIVE STATUS*

INACTIVE STATUS FEE ............................................................ $150.00

MAKE CHECK PAYABLE TO: MIAMI-DADE COUNTY

APPLICATION SUBMITTAL
Return this application and all supporting documents by mail or hand deliver to the Miami-Dade County Regulatory and Economic Resources Department Contractor Licensing Section, 11805 S.W. 26 Street, Room 207, Miami, FL 33175-2474. If you have questions, please contact one of the following Contractor Licensing staff at (786) 315-2880.

Licensing Representative Ronnie Diaz
Licensing Representative Lourdes Maytin
Licensing Representative Karen Jackson
Licensing Representative Melinda Thomas
Supervisor 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
The completed application along with the supporting documents as required with the fee must be received by the deadline for the next scheduled board meeting.
Construction Trades Qualifying Board  
INACTIVE STATUS APPLICATION

I, ___________________________ desire to change my current affiliation as qualifier of  
(Name of Qualifier)  
(Name of Business entity)  

____________________________________ to INACTIVE status.

I further state that as a result of the operation of this contracting business, 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 stated 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 above has no outstanding incomplete contracts except as listed below.

<table>
<thead>
<tr>
<th>PERMIT NO.</th>
<th>ADDRESS of JOB</th>
<th>WHAT WAS BEING BUILT</th>
<th>PERCENTAGE of JOB COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If incomplete jobs, what arrangements have been made for completion?

___________________________________________________________________________________________________________
____________________________________________________________________________________________________________

QUALIFIER SIGNATURE: ________________________________

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: ________________________________
CHECKLIST

INACTIVE STATUS

☐ Copy of Drivers License

☐ Copy of Social Security Card

☐ Completed Application(s) Signed and Notarized

☐ Business Credit Report (If your contractor license is under your company name.) (Dun & Bradstreet, Experian or TransUnion)

☐ Fee (s)

*INCOMPLETE APPLICATIONS WILL BE RETURNED*