Construction Trades Qualifying Board

APPLICATION FOR
PERSONAL and BUSINESS CERTIFICATION
PARTNERSHIP

APPLICATION FEES

MASTER/BUILDING SPECIALTIES PERSONAL CERTIFICATE .............................................. $315.00

EACH ADDITIONAL CATEGORY ......................................................................................... $315.00

BUSINESS APPLICATION INCLUDING D/B/A ................................................................... $315.00

(Business Application not applicable to Journeyman and Maintenance man applicants)

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 or hand deliver to the Miami-Dade County Regulatory and Economic Resources Department, Contractor Licensing, 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 or www.rer-clic@miamidade.gov.

Licensing Representative
Karen Jackson
Melinda Thomas
Maxine Canovas
Julio Coronado
Juliet Prado
Jose Lezcano

Meeting Date:________________
Deadline:________________

*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 board meeting deadline. A notice will be sent to the applicant indicating the results of Board and you may also contact us the following Monday after the meeting.

Revised 7/6/2022
# CONSTRUCTION TRADES QUALIFYING BOARD
## LIST OF CERTIFICATION CATEGORIES

### BUILDING

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Contractor**</td>
<td>BLDG 0001</td>
<td>4 years’ experience - one as a supervisor/forman</td>
</tr>
<tr>
<td>Building Contractor**</td>
<td>BLDG 0002</td>
<td>4 years’ experience - one as a supervisor/forman</td>
</tr>
<tr>
<td>Residential Contractor**</td>
<td>BLDG 0003</td>
<td>4 years’ experience - one as a supervisor/forman</td>
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### BUILDING SPECIALTIES

<table>
<thead>
<tr>
<th>Specialty</th>
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<tbody>
<tr>
<td>Caulking</td>
<td>BLDG 0009</td>
<td>2 years’ experience</td>
</tr>
<tr>
<td>Canvas Awning</td>
<td>BLDG 0008</td>
<td>1 year experience</td>
</tr>
<tr>
<td>Communication Tower*</td>
<td>BLDG 0010</td>
<td>3 years’ experience</td>
</tr>
<tr>
<td>Concrete Finishing</td>
<td>BLDG 0011</td>
<td>2 years’ experience</td>
</tr>
<tr>
<td>Concrete Forming and Placing*</td>
<td>BLDG 0012</td>
<td>3 years’ experience</td>
</tr>
<tr>
<td>Concrete Slab Sawing &amp; Core Drilling*</td>
<td>BLDG 0013</td>
<td>1 year experience</td>
</tr>
<tr>
<td>Demolition*</td>
<td>BLDG 0015</td>
<td>3 years’ experience</td>
</tr>
<tr>
<td>Door</td>
<td>BLDG 0016</td>
<td>1 year experience</td>
</tr>
<tr>
<td>Drywall*</td>
<td>BLDG 0017</td>
<td>1 year and 6 months</td>
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<tr>
<td>Fence*</td>
<td>BLDG 0018</td>
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<tr>
<td>Finish Carpentry</td>
<td>BLDG 0053</td>
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<tr>
<td>Flagpole</td>
<td>BLDG 0019</td>
<td>1 year experience</td>
</tr>
<tr>
<td>Flooring</td>
<td>BLDG 0020</td>
<td>1 year experience</td>
</tr>
<tr>
<td>Garage and Industrial Door</td>
<td>BLDG 0022</td>
<td>1 year experience</td>
</tr>
<tr>
<td>Glass and Glazing*</td>
<td>BLDG 0023</td>
<td>3 years’ experience</td>
</tr>
<tr>
<td>Gypsum Drywall Installer</td>
<td>BLDG 0115</td>
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</tr>
<tr>
<td>Gypsum Drywall Finisher</td>
<td>BLDG 0116</td>
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<td>Insulation and Acoustical Tile</td>
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<tr>
<td>Limited Residential Repair</td>
<td>BLDG 0119</td>
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<tr>
<td>Lathing and Plastering*</td>
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<td>3 years’ experience</td>
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<tr>
<td>Decorative Concrete &amp; Masonry Fence</td>
<td>BLDG 0027</td>
<td>1 year experience</td>
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<tr>
<td>Metal Awning &amp; Storm Shutter*</td>
<td>BLDG 0029</td>
<td>1 year experience</td>
</tr>
<tr>
<td>Metal decking &amp; Siding*</td>
<td>BLDG 0031</td>
<td>3 years’ experience</td>
</tr>
<tr>
<td>Metal Partition</td>
<td>BLDG 0032</td>
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</tr>
<tr>
<td>Miscellaneous Metals*</td>
<td>BLDG 0034</td>
<td>3 years’ experience</td>
</tr>
<tr>
<td>Ornamental Iron</td>
<td>BLDG 0035</td>
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<tr>
<td>Painting</td>
<td>BLDG 0078</td>
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<tr>
<td>Pneumatic Concrete &amp; Pressure Grouting*</td>
<td>BLDG 0038</td>
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</tr>
<tr>
<td>Pre-stressed Pre-cast</td>
<td>BLDG 0039</td>
<td>3 years’ experience</td>
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</tbody>
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*EXAM CATEGORIES - JOURNEYMAN AND MAINTENANCE CATEGORIES TAKE ONLY ONE PART EXAM (TECHNICAL). **CATEGORIES REQUIRING STATE REGISTRATION

Revised 7/6/2022
<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
<th>Experience</th>
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<tbody>
<tr>
<td>Public Seating</td>
<td>BLDG 0041</td>
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</tr>
<tr>
<td>Reinforcing Steel Placing*</td>
<td>BLDG 0042</td>
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<tr>
<td>Roof**</td>
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<tr>
<td>Roof Deck*</td>
<td>BLDG 0046</td>
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</tr>
<tr>
<td>Screen Enclosure*</td>
<td>BLDG 0048</td>
<td>1 year experience</td>
</tr>
<tr>
<td>Sheet Metal Gutter &amp; Downspout</td>
<td>BLDG 0049</td>
<td>1 year experience</td>
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<tr>
<td>Shower and Tub Enclosure</td>
<td>BLDG 0050</td>
<td>1 year experience</td>
</tr>
<tr>
<td>Sign – Non Electric*</td>
<td>BLDG 0051</td>
<td>3 years’ experience</td>
</tr>
<tr>
<td>Structural Steel Erection*</td>
<td>BLDG 0054</td>
<td>5 years’ experience</td>
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<tr>
<td>Swimming Pool**</td>
<td>BLDG 0055</td>
<td>3 years’ experience</td>
</tr>
<tr>
<td>Tennis Courts Surfacing</td>
<td>BLDG 0056</td>
<td>1 year experience</td>
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<tr>
<td>Traditional Thatched Hut</td>
<td>BLDG 0117</td>
<td>2 years’ experience</td>
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<tr>
<td>Unit Masonry, Marble, Ext Veneer*</td>
<td>BLDG 0059</td>
<td>3 years’ experience</td>
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<tr>
<td>Waterproofing</td>
<td>BLDG 0109</td>
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**MAINTENANCE**

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<thead>
<tr>
<th>Category</th>
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<th>Experience</th>
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</thead>
<tbody>
<tr>
<td>Building Maintenance*</td>
<td>BLDG 0007</td>
<td>1 year experience</td>
</tr>
<tr>
<td>Maintenance Electrician*</td>
<td>ELEC 0005</td>
<td>1 year experience</td>
</tr>
<tr>
<td>Mechanical Maintenance*</td>
<td>MECH 0012</td>
<td>1 year experience</td>
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<tr>
<td>Plumbing Maintenance*</td>
<td>PLUM 0004</td>
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**ELECTRICAL**

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<tr>
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<th>Code</th>
<th>Experience</th>
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<tbody>
<tr>
<td>Journeyman Electrician*</td>
<td>ELEC 0001</td>
<td>3 years’ experience</td>
</tr>
<tr>
<td>Journeyman Burglar Alarm*</td>
<td>ELEC 0002</td>
<td>3 years’ experience</td>
</tr>
<tr>
<td>Journeyman Fire Alarm*</td>
<td>ELEC 0004</td>
<td>3 years’ experience</td>
</tr>
<tr>
<td>Journeyman Sign Electrician*</td>
<td>ELEC 0006</td>
<td>3 years’ experience</td>
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<tr>
<td>Master Electrician**</td>
<td>ELEC 0008</td>
<td>2 years as journeyman</td>
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<tr>
<td>Master Burglar Alarm**</td>
<td>ELEC 0008</td>
<td>2 years as journeyman</td>
</tr>
<tr>
<td>Master Electrical Utility**</td>
<td>ELEC 0037</td>
<td>2 years’ experience</td>
</tr>
<tr>
<td>Master Fire Alarm**</td>
<td>ELEC 0037</td>
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<tr>
<td>Master Low Voltage**</td>
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<tr>
<td>Master Sign Electrician**</td>
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<tr>
<td>Master TV Antenna**</td>
<td>ELEC 0006</td>
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**PLUMBING**

<table>
<thead>
<tr>
<th>Category</th>
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<th>Experience</th>
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</thead>
<tbody>
<tr>
<td>Journeyman Plumber*</td>
<td>PLUM 0001</td>
<td>3 years’ experience</td>
</tr>
<tr>
<td>Master Plumber**</td>
<td>PLUM 0001</td>
<td>2 years as journeyman</td>
</tr>
<tr>
<td>Lawn Sprinkler*</td>
<td>PLUM 0003</td>
<td>2 years’ experience</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master Pool Maintenance (limited)*</td>
<td>PLUM 0008</td>
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<tr>
<td>Master Pool Maintenance (unlimited)*</td>
<td>PLUM 0009</td>
<td>2 years’ experience</td>
</tr>
<tr>
<td>Master Swimming Pool Piping*</td>
<td>PLUM 0010</td>
<td>2 years’ experience</td>
</tr>
<tr>
<td>Master Portable Chemical Toilets</td>
<td>PLUM 0005</td>
<td>2 years’ experience</td>
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**MECHANICAL**

<table>
<thead>
<tr>
<th>Category</th>
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<th>Experience</th>
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<tbody>
<tr>
<td>Journeyman Air Conditioning*</td>
<td>MECH 0004</td>
<td>3 years’ experience</td>
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<tr>
<td>Journeyman Gasoline Tank &amp; Pump*</td>
<td>MECH 0009</td>
<td>3 years’ experience</td>
</tr>
<tr>
<td>Journeyman General Mechanical*</td>
<td>MECH 0001</td>
<td>3 years’ experience</td>
</tr>
<tr>
<td>Journeyman Heating*</td>
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<td>3 years’ experience</td>
</tr>
<tr>
<td>Journeyman Insulation*</td>
<td>MECH 0011</td>
<td>3 years’ experience</td>
</tr>
<tr>
<td>Journeyman Pneumatic Control Piping*</td>
<td>MECH 0014</td>
<td>3 years’ experience</td>
</tr>
<tr>
<td>Journeyman Pressure &amp; Process Piping*</td>
<td>MECH 0016</td>
<td>3 years’ experience</td>
</tr>
<tr>
<td>Journeyman Refrigeration*</td>
<td>MECH 0020</td>
<td>3 years’ experience</td>
</tr>
<tr>
<td>Journeyman Room Air Conditioning*</td>
<td>MECH 0021</td>
<td>3 years’ experience</td>
</tr>
<tr>
<td>Journeyman Sheet Metal*</td>
<td>MECH 0023</td>
<td>3 years’ experience</td>
</tr>
<tr>
<td>Journeyman Steam Generator</td>
<td></td>
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<tr>
<td>Journeyman Boilers &amp; Piping*</td>
<td>MECH 0024</td>
<td>3 years’ experience</td>
</tr>
<tr>
<td>Journeyman Warm Air Heating*</td>
<td>MECH 0027</td>
<td>3 years’ experience</td>
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<tr>
<td>Master Air Conditioning Limited**</td>
<td>MECH 0002</td>
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<td>Master Air Conditioning Unlimited**</td>
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<td>Master Ammonia Refrigeration*</td>
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<td>2 years as journeyman</td>
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<tr>
<td>Master Gasoline Tank and Pump*</td>
<td>MECH 0009</td>
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<td>Master General Mechanical**</td>
<td>MECH 0001</td>
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<td>Master Heating*</td>
<td>MECH 0010</td>
<td>2 years as journeyman</td>
</tr>
<tr>
<td>Master Insulation*</td>
<td>MECH 0011</td>
<td>2 years as journeyman</td>
</tr>
<tr>
<td>Master Pneumatic Control Piping*</td>
<td>MECH 0014</td>
<td>2 years as journeyman</td>
</tr>
<tr>
<td>Master Pneumatic Tube Conveyor*</td>
<td>MECH 0015</td>
<td>2 years’ experience</td>
</tr>
<tr>
<td>Master Pressure &amp; Process Piping*</td>
<td>MECH 0016</td>
<td>2 years as journeyman</td>
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<tr>
<td>Master Refrigeration &amp; Air Condition**</td>
<td>MECH 0017</td>
<td>2 years as journeyman</td>
</tr>
<tr>
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<tr>
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<td>MECH 0019</td>
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<td>Master Room Air Conditioning*</td>
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<tr>
<td>Master Sheet Metal*</td>
<td>MECH 0023</td>
<td>2 years as journeyman</td>
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<tr>
<td>Master Steam Generator</td>
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<tr>
<td>Master Boiler and Piping*</td>
<td>MECH 0024</td>
<td>2 years as journeyman</td>
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<tr>
<td>Master Transporting Assembly Install*</td>
<td>MECH 0025</td>
<td>2 years as journeyman</td>
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<tr>
<td>Master Transporting Assembly</td>
<td></td>
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<tr>
<td>Maintenance &amp; Service*</td>
<td>MECH 0026</td>
<td>2 years’ experience</td>
</tr>
<tr>
<td>Master Warm Air Heating*</td>
<td>MECH 0027</td>
<td>2 years as journeyman</td>
</tr>
</tbody>
</table>

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Construction Trades Qualifying Board
DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES
11805 S.W. 26 Street, Room 207
Miami, FL 33175-2474

PHOTOGRAPH
One recent photo must be attached

SECTION A: to be filled out by the individual that is filing for a PERSONAL CERTIFICATION

PLEASE TYPE OR PRINT (must be legible). An answer must be provided for each question. If a question does not apply indicate “N/A”.

Trade and category applying for __________________________________________________

1. Name ____________________________________________  Last 4 digits of SS# ______________
   Phone: Home ______________________ Work ______________________ Pager or Cellular ______________________
   Fax: ________________________________  Email Address: __________________________________________
   Address __________________________________________ City _________________ State ____ Zip Code _____________
   Driver’s License No. __________________________ Place of Birth _______________________ Date of Birth __________ Age _____
   Include copy of Driver’s License

2. Number of years working in trade applied for: ____________     Yrs. as a Trainee: ____________    Yrs. as Journeyman: ____________

3. If applying for a MASTER examination and the prerequisite is a Miami-Dade County Journeyman certification, when did you pass the Journeyman examination? __________________________

4. Have you previously taken an examination in Miami-Dade County in the category you are now applying for? Yes _____ No _____
   If Yes, when? ____________________________________________________________

5. Were you previously denied in Miami-Dade County to take an examination? If yes, in which category and for which exam date?
   Category ______________________________ Exam date ______________________________

6. As a condition of this application, you will be responsible for becoming familiar with and abiding by the requirements of Chapter 10 of the Code of Miami-Dade County. Have you read Chapter 10 of the Code of Miami-Dade County? Yes _____ No _____

7. Do you hold a certificate/license in any of the construction trades issued by any county or state board? Yes _____ No _____
   If yes, attach copy.

   IMPORTANT NOTE!

   Before the Construction Trades Qualifying Board can review your application all trade experience must be documented by letters, W-2 forms, and/or other documentary proof of such experience from all subject employers. It is the applicant’s responsibility to contact employers and obtain from them such documentary proof. In place of the letter, an ‘Affidavit of Experience’ form included with this application can be completed by the employer and provided upon filing the application.

TRADE EXPERIENCE

8. List below your complete trade experience related to the category for which you are applying. Be accurate and detailed since this information will be verified. If additional space is needed please use back of this page.
   (BEGIN WITH CURRENT EMPLOYER)

<table>
<thead>
<tr>
<th>Company</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>License Number</th>
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</thead>
</table>

   In what capacity did you work, or what did you do?

<table>
<thead>
<tr>
<th>Company</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>License Number</th>
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</thead>
</table>

   In what capacity did you work, or what did you do?

<table>
<thead>
<tr>
<th>Company</th>
<th>Street</th>
<th>City</th>
<th>State</th>
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</table>

   In what capacity did you work, or what did you do?

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<table>
<thead>
<tr>
<th>Company</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tr>
<td>In what capacity did you work, or what did you do?</td>
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</tbody>
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**EDUCATION**

9. Please provide the following information about your educational background.

**HIGH SCHOOL** ____________________________________________ City __________________ State ______ Year ________

If applicable General Education Degree (GED) __________________________________ City __________________ State ______ Year ________

**VOCATIONAL/TRADE SCHOOL** __________________________________ City __________________ State ______ Year ________

**COLLEGE** ____________________________________________ City __________________ State ______ Year ________

DEGREE TITLE ___________________________ Year Obtained _______

**POST GRADUATE** ______________________________________ City __________________ State ______ Year ________

**OTHER SCHOOLING** (Military Service or other) __________________________________

__________________________________________

LIST RELEVANT SCHOOL COURSES TAKEN ____________________________________________

__________________________________________

LICENSURES ____________________________________________

__________________________________________

__________________________________________
RESUME OF APPLICANT'S EXPERIENCE

In order for the CTQB to properly assess your experience in terms of authorized scope of work categories listed in Chapter 10 of the Code of Miami-Dade County, it is required that you complete this resume.

11. PLEASE EXPLAIN IN DETAIL THE WORK YOU HAVE PERFORMED IN THE FIELD IN CONJUNCTION WITH THE CATEGORY IN WHICH YOU ARE REQUESTING TO BE CERTIFIED. IN ADDITION, HIGHLIGHT THOSE JOBS THAT BEST DEMONSTRATE THE SKILLS REQUIRED FOR THE APPLICABLE TRADE.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I certify that the above described work and experience recorded represents to the best of my knowledge all information relative to the scope of work and category for which I am applying. I further certify that all supporting documentation submitted with this application is true and accurate. I understand that an issuance of a personal certificate does not permit me to act as a contractor in the trade concerned and in order to work in the trade I must be employed by a licensed contractor. I realize that if I do contract without a contractor's business certificate of competency, I will face the possibility of receiving a fine of up to $5,000 on each count and my personal certificate could be suspended or revoked by the Miami-Dade County Construction Trades Qualifying Board. I understand that refunds may be granted under specific circumstances but will not include a non-refundable process fee of $80.

X___________________________
Applicant’s Signature

STATE OF _______________________________
COUNTY OF ______________________________

The foregoing instrument was acknowledged before me this _____________ day of _____________ , 20___ , by ____________________________________________________________, who is personally known to me or who has produced a ___________________________________________________________ as identification and who did / did not take an oath.

_______________________________________
NOTARY PUBLIC

Revised 7/6/2022
This is to certify that ___________________________________________ is/was employed or subcontracted by ___________________________________________ located at ______________________________________________________________________________ located at ______________________________________________________________________________ Telephone #: ____________________________ from ____________________________ to ____________________________

His/her total length of time in the field was __________________________________________

The specific type of work performed consisted of the following:

________________________________________

________________________________________

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________________________________________

License # ____________________________ Issued by ____________________________ as a Contractor.

Signature: ____________________________

Print: ____________________________

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 voluntary 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 __________________

Revised 7/6/2022
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 with blue/black ink (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 application must be completed by the Qualifying Agent. Section B of the application must be completed by the Qualifying Agent, 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 personal application must be completed by the Qualifying Agent.) (Section B of the Business Application must be completed by the Qualifying Agent of the Partnership and the Partners of the Company.)

   • 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 business license, a Business Application, form must be completed along with a fee of $315.00.

   • In all cases make sure the company name is not misleading by indicating you can perform work beyond the category you are applying for. Please contact our office if you are not clear and before creating a corporation.

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 (25% ownership) 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. A copy must be submitted with the application.

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/(850) 245-6052 or visit their website www.sunbiz.org.

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) 245-6058 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 Sole-Proprietor, 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 provided with the following minimum insurance requirements 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 Department of Regulatory and Economic Resources, 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 Regulatory and Economic Resources 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 (305) 536-0306 / (850) 419-1609 http://www.myfloridacfo.com/division/WC/. Exemption certificate must be issued to the qualifying agent and qualifying company.

11. All qualifying agents qualifying a Miami-Dade County Department are exempt from providing a Certificate of General Liability and Worker's Compensation Insurance.

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

- **$315 per Business Certificate of Competency including DBA ($315 adding a DBA to existing license)**
  If you are an active certified contractor and want to add additional qualifying agent(s), you must submit a personal and business application and pay the required fee of $630.00 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**

**Note:** 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 personal & business credit reports must be ordered by the applicant and received prior to the meeting. Also, 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 approximately 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 Regulatory and Economic Resources 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.

Licensing Representative
Lourdes Maytin, Melinda Thomas, Ronnie Diaz, Karen Jackson
Jose Lezcano, Supervisor

**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.**

Revised 7/6/2022
SECTION C: BUSINESS APPLICATION for a PARTNERSHIP

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. __________________________ Drivers 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. __________ NACIS CODE (See Attached List)

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).

b. Are you qualifying a business entity in this or some other county within the State of Florida?

NO□YES□ If YES, in what county ________________________________________________________________________________

In what trade? ________________________________________________________________________________

Provide name of business entity ________________________________________________________________________________

If applicable, provide state registration No. ________________________________________________________________________________

4. List the partners in the business

Partner Address Home Telephone No.

Partner Address Home Telephone No.

Partner Address Home Telephone No.

Partner Address Home Telephone No.
5. List all businesses owned, operated or managed by you or any partners, or in which they had any interest in the past five years with addresses.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

6. Have you or any of the partners failed in business in the last five years? NO ☐ YES ☐ If YES, state details in full.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7. 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. ___________________________

8. Have any of the Officers or Directors of the corporation/business entity been arrested or 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.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

9. Are you or any of the partners 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 you or any of the Partners as an individual, or as an officer or director of a corporation or member of a business entity committed an act within the past three years which if committed or done by a licensed contractor would be grounds for suspension or revocation of such contractors license? NO □ YES □ If YES, please explain.

11. Have any of the Partners as an individual or as an 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, deceit, negligence or lack of integrity? NO □ YES □ If YES, please explain.

12. Have you or any member of the business entity ever had a Certificate of Competency suspended or revoked by the Florida Construction Industry Licensing Board or other state licensing authority or 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 partnership, the qualifying agent, and partners and anyone having a significant management or financial interest in the partnership.

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

13. 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 □

14. 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 □

15. 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 □

16. 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 □

Revised 7/6/2022
17. 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 □

18. Have any of the Officers or Directors of the corporation/business entity 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.

19. Is the Qualifying Agent an officer or manager or have ownership interest in the contracting business he/she is intending to qualify? NO □ YES □ If YES, provide position____________________________, percentage of ownership interest ____%.

We, the undersigned partners, do hereby certify that is the qualifying agent for the partnership, and he/she shall have the authority to act for the partnership in all matters connected with the contracting business; to supervise construction under the certificate of competency and occupational license issued to the partnership, and the partnership will assume full responsibility for the actions of the qualifying agent in connection therewith.

We further certify that we will notify the Construction Trades Qualifying Board (CTQB) immediately if the above named qualifying agent, severs his/her connection with the partnership. We further agree that CTQB may obtain information concerning the financial condition of the partnership 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 application fee to refile. I am also aware that the application fee is non-refundable.

__________________________
SIGNATURE OF Qualifier

__________________________
PRINT NAME

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

__________________________
SIGNATURE OF PARTNER

__________________________
PRINT NAME

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
Educational Prerequisite for all Non-Examination Categories of Licensure

Each individual making application for a non-examination category of licensure, shall obtain, previous to application, sixteen (16) hours of formal classroom training through attendance at courses provided by Miami-Dade County approved course sponsors.

Of the sixteen (16) hours, a minimum of one (1) hour shall be required in each of the following courses:

(a) Workplace safety/OSHA
(b) Business practices
(c) Workers’ compensation
(d) Laws and rules regulating the construction industry

Acceptable topics of these courses are shown below:

(a) Safety/OSHA topics include: courses related to: OSHA safety; workplace safety programs; safety manuals; ladders and scaffolding; electrical safety; fire safety; and procedures for the safe use of tools and equipment.

(b) Business practice topics include: courses related to bookkeeping and accounting practices; managing cash flow; estimating and bidding jobs; negotiating and interpreting contracts and agreements; processing change orders; controlling purchasing; scheduling; controlling expenses; insurance and bonding related to construction; complying with payroll and sales tax laws; interpreting financial statements and reports related to construction; and the Florida Construction Lien Law, Florida Statute 713 Part I.

(c) Workers’ compensation topics include: courses related to Florida Statute 440 compliance; drug free workplace; calculating and assigning workers’ compensation costs; premium modification and adjustments.

(d) Laws and rules topics include: courses related to Chapter 10 of the Code of Miami-Dade County, Florida Statute 553 Part IV and other construction contracting rules and regulations.

Miami-Dade County approved courses shall be used to satisfy any remaining elective hours of required training necessary to complete the mandatory minimum of sixteen (16) hours. These courses may include topics related to:

- Trade specific knowledge
- The Florida Building Code
- Ethics
- EPA lead renovation procedures
- Construction liability insurance requirements
- Contract administration and project management activities
- Operation of a construction contracting firm
CHECK LIST

Personal Part (PARTNERSHIP)

Copy of Drivers License
Copy of Social Security Card
Passport Size Photograph
Notorized Experience Letter/Affidavit from a licensed contractor and signed by the qualifier verifying required experience AND/OR W-2's.
Completed Application(s) Signed & Notarized.
If waterproofing category a certificate from a waterproofing manufacturer.
Applicants Personal credit report Experian Equifax)
(Public Records Section)

Business Part

Florida Articles of Incorporation - NOTE: If applicant is not an officer/member, an officer/member must sign the business part of the application.
Completed Application(s) Signed and Notarized
Business Credit Report Public Records Section (Dun & Bradstreet, Experian or TransUnion)

Fees

* INCOMPLETE APPLICATIONS WILL BE RETURNED*