Construction Trades Qualifying Board

APPLICATION FOR
PERSONAL AND BUSINESS RECIPROCITY
*EXAM CATEGORIES ONLY*

APPLICATION FEE

PERSONAL AND BUSINESS .................................................................................. $ 630.00

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 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 3330-1563. If you have questions, please contact one of the following Contractor Licensing staff at (786) 315-2880.

<table>
<thead>
<tr>
<th>Licensing Representative</th>
<th>Karen Jackson</th>
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<tbody>
<tr>
<td>Licensing Representative</td>
<td>Juliet Arevalo</td>
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<tr>
<td>Licensing Representative</td>
<td>Ronnie Diaz</td>
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<tr>
<td>Licensing Representative</td>
<td>Melinda Thomas</td>
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<tr>
<td>Licensing Representative</td>
<td>Julio Coronado</td>
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<tr>
<td>Licensing Representative</td>
<td>Maxine Canovas</td>
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<tr>
<td>Supervisor</td>
<td>Jose Lezcano</td>
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</table>

*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.
RECIPROCITY CATEGORIES

- **MIAMI DADE COUNTY LICENSE**

  - GENERAL CONTRACTOR
  - BUILDING CONTRACTOR
  - RESIDENTIAL CONTRACTOR
  - PLUMBING CONTRACTOR
  - ELECTRICAL CONTRACTOR
  - CONCRETE FORMING & PLACING CONTRACTOR
  - FENCE CONTRACTOR
  - GLASS & GLAZING CONTRACTOR
  - GLASS & GLAZING CONTRACTOR
  - DEMOLITION CONTRACTOR
  - LATHING & PLASTERING CONTRACTOR
  - MISCELLANEOUS METALS CONTRACTOR
  - MISCELLANEOUS METALS CONTRACTOR
  - ROOFING CONTRACTOR
  - ROOF DECK CONTRACTOR
  - SCREEN ENCLOSURE CONTRACTOR
  - SIGN NON-ELECTRIC CONTRACTOR
  - STRUCTURAL STEEL ERECTION CONTRACTOR
  - SWIMMING POOL CONTRACTOR
  - UNIT MASONRY MARBLE & EXT. VENEER CONTRACTOR
  - MASTER SWIMMING POOL MAINTENANCE UNLIMITED
  - MASTER BURGLAR ALARM
  - MASTER INSULATION
  - MASTER LOW VOLTAGE
  - MASTER LAWN SPRINKLER
  - MASTER REFRIGERATION & AIR CONDITIONING
  - MASTER REFRIGERATION & AIR CONDITIONING

- **BROWARD COUNTY LICENSE**

  - GENERAL CONTRACTOR CATEGORY
  - BUILDING CONTRACTOR CATEGORY
  - RESIDENTIAL CONTRACTOR CATEGORY
  - PLUMBING CONTRACTOR
  - ELECTRICAL CONTRACTOR
  - CONCRETE PLACING & FINISHING CATEGORY
  - FENCE ERECTION CATEGORY
  - GLAZING CATEGORY
  - WINDOW AND DOOR CATEGORY
  - DEMOLITION CATEGORY
  - PLASTERING AND STUCCO CATEGORY
  - MISCELLANEOUS METALS ERECTION CATEGORY
  - ALUMINUM SPECIALTY STRUCTURE CATEGORY
  - ROOFING CATEGORY
  - ROOF DECKS CATEGORY
  - SCREEN ENCLOSURE CATEGORY
  - SIGN ERECTION (NON-ELECTRIC) CATEGORY
  - STRUCTURAL STEEL CATEGORY
  - COMMERCIAL POOL/SPA CATEGORY (CPC)
  - MASONRY CATEGORY
  - SWIMMING POOL/SPA SERVICING CATEGORY
  - ALARM SYSTEM CONTRACTOR II
  - INSULATION CONTRACTOR
  - COMMUNICATION & SOUND SYSTEMS
  - IRRIGATION SPECIALTY CONTRACTOR
  - CLASS A AIR CONDITIONING CONTRACTOR
  - CLASS B AIR CONDITIONING CONTRACTOR

**NOTE:** LICENSE OR CERTIFICATE BEING RECIPROCATED MUST BE CURRENT AND ACTIVE.

The Board may accept reciprocity for additional categories not listed above from any Florida county on a case by case bases. In addition to the items listed on the application please include the scope of work description for the license category you currently hold.
NOTE: LICENSE OR CERTIFICATE BEING RECIPROCATED MUST BE CURRENT AND ACTIVE.

THE BOARD MAY ACCEPT RECIPROCITY FOR ADDITIONAL CATEGORIES NOT LISTED ABOVE FROM ANY FLORIDA COUNTY ON A CASE BY CASE BASES. IN ADDITION TO THE ITEMS LISTED ON THE APPLICATION PLEASE INCLUDE THE SCOPE OF WORK DESCRIPTION FOR THE LICENSE CATEGORY YOU CURRENTLY HOLD.
THE BOARD MAY ACCEPT RECIPROCITY FOR ADDITIONAL CATEGORIES NOT LISTED ABOVE FROM ANY FLORIDA COUNTY ON A CASE BY CASE BASES. IN ADDITION TO THE ITEMS LISTED ON THE APPLICATION PLEASE INCLUDE THE SCOPE OF WORK DESCRIPTION FOR THE LICENSE CATEGORY YOU CURRENTLY HOLD.
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 category applying for __________________________________________________________

From what County are you reciprocating? ______________________________

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)

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

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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.

10. 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
Construction Trades Qualifying Board
APPLICATION INSTRUCTIONS FOR MIAMI-DADE COUNTY
CONTRACTOR'S BUSINESS CERTIFICATE OF COMPETENCY

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.

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 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 or add D/B/A 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.

**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.**
### SECTION D- BUSINESS APPLICATION for a CORPORATION/BUSINESS ENTITY

(Other than Sole Proprietorship or Partnership)

Qualifier Information (To be completed by the Qualifying Agent)

<table>
<thead>
<tr>
<th>Trade and Category (Refer to category list)</th>
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<tbody>
<tr>
<td>Name of Qualifying Agent</td>
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<table>
<thead>
<tr>
<th>Home Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tr>
<th>Home Telephone No.</th>
<th>Driver's License No.</th>
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<tr>
<td>Height</td>
<td>Weight</td>
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<tr>
<td>Date of Birth</td>
<td>Place of Birth (City and State)</td>
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<table>
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<tr>
<th>Business Name</th>
<th>Position</th>
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<tr>
<td>DBA Name (if any)</td>
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<table>
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<th>Business Address</th>
<th>City</th>
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<tr>
<th>Business Telephone No.</th>
<th>Business Fax No.</th>
<th>Email Address</th>
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Name of qualifying agent who completed SECTION A.

Provide his/her title in connection with the business entity

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<tr>
<th>NAICS CODE (See Attached List)</th>
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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 trade?

   In what trade?

   If applicable, provide state registration No.
4. List the principal stockholders/equity holders and the percentage of stock owned/ownership interest by each of them:

<table>
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<tr>
<th>NAME, ADDRESS AND OFFICE HELD</th>
<th>PERCENTAGE OF STOCK/OWNERSHIP INTEREST</th>
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5. 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.

6. 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.

7. Provide below the name, home address and home telephone no. of all officers. (Use additional sheet if necessary)

   PRESIDENT
   VICE-PRESIDENT
   SECRETARY
   TREASURER
   CHIEF CONST. MANAGER
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.

Are any of the Officers or Directors of the corporation/business entity presently charged with committing a felony? NO YES If YES, state where and nature of offense. Provide name of court and case number.

Have any of the officers or directors failed in business in the last five years? NO YES If YES, please provide specific details.

Have you or has any officer or director as an individual, or as an officer or director of a corporation or as a member of a business entity ever committed an act within the past three years which if committed by a licensed contractor would be grounds for suspension or revocation of such contractor’s license? NO YES If YES, please provide details.

Have you or has any officer or director as an individual or 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, negligence, deceit or lack of integrity? NO YES If YES, please explain.
13. Have you or any member of the business entity or officer or director of the corporation ever had a Certificate of Competency suspended or revoked by the Florida Construction Industry Licensing Board or other state licensing authority or the licensing authority of 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 corporation, the qualifying agent, the president, vice-president, secretary and any stockholder controlling 25% or more of the stock in the corporation; if a joint venture, the qualifying agent, partners or president, vice-president, secretary and any stockholder controlling 25% or more of the stock in the corporations if the joint venture is comprised of corporations, if any other business entity, the chief officer and any other officer relevant to the record keeping or finances of the business entity as well as any owner of the business entity owning 25% or more of the business entity.

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

14. 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 □

15. 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 □

16. 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 □

17. 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 □

18. 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 □

19. Has any person in (i) above or has any business entity in which such person was a responsible person as defined in (ii) above ever been convicted of a felony in this state or elsewhere? NO ___ YES _____.

20. 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 interest ________%.
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 and occupational license 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, severs 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. I am also aware that the fee for this application is non-refundable.

X ______________________________
SIGNATURE OF President or other Officer 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_____

My Commission Expires ___________________
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
CHECKLIST

Personal & Business (RECIPROCITY)

Copy of Drivers License
Copy of Social Security Card
Passport Size Photograph
Letter of Reciprocity with Current/Active License
Completed Application(s) Signed & Notarized
Copy of Current/Active License
Applicants Personal Credit Report (Equifax or
Experian) (Public Records Section)
Fee(s)

Business Application

Florida Articles of Incorporation
Completed Application(s) Signed and Notarized
Business Credit Report (Dun & Bradstreet,
Experian)(Public Records Section)
Fee(s)

*INCOMPLETE APPLICATIONS WILL BE RETURNED*