Construction Trades Qualifying Board

APPLICATION FOR
PERSONAL and BUSINESS CERTIFICATION
SOLE PROPRIETORSHIP

APPLICATION FEES

MASTER/BUILDING SPECIALTIES PERSONAL CERTIFICATE.........................................................$315.00
EACH ADDITIONAL CATEGORY ..............................................................................................................$315.00

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

(Hand 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 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 Representatives
Karen Jackson
Licensing Representatives
Ronnie Diaz
Licensing Representatives
Maxine Canovasevalo
Licensing Representatives
Melinda Thomas
Licensing Representatives
Julio Coronado
Licensing Representatives
Juliet Pradonovas

*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.
## BUILDING SPECIALTIES

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<tr>
<th>Specialty</th>
<th>Code</th>
<th>Experience</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>Concrete Finishing</td>
<td>BLDG 0011</td>
<td>2 years' experience</td>
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<tr>
<td>Door</td>
<td>BLDG 0016</td>
<td>1 year experience</td>
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<td>Finish Carpentry</td>
<td>BLDG 0053</td>
<td>2 years' experience</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>2 years' experience</td>
</tr>
<tr>
<td>Gypsum Drywall Installer</td>
<td>BLDG 0115</td>
<td>2 years' experience</td>
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<tr>
<td>Gypsum Drywall Finisher</td>
<td>BLDG 0116</td>
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<tr>
<td>Insulation and Acoustical</td>
<td>BLDG 0025</td>
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<tr>
<td>Decorative Concrete &amp; Masonry Fence</td>
<td>BLDG 0027</td>
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<tr>
<td>Metal Partition</td>
<td>BLDG 0032</td>
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<tr>
<td>Ornamental Iron</td>
<td>BLDG 0035</td>
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<td>Painting</td>
<td>BLDG 0078</td>
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<td>Public Seating</td>
<td>BLDG 0041</td>
<td>3 years' experience</td>
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<td>Sheet Metal Gutter &amp; Downspout</td>
<td>BLDG 0049</td>
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<td>Shower and Tub Enclosure</td>
<td>BLDG 0050</td>
<td>1 year experience</td>
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<td>Tennis Courts Surfacing</td>
<td>BLDG 0056</td>
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<td>Traditional Thatched Hut</td>
<td>BLDG 0117</td>
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<tr>
<td>Waterproofing</td>
<td>BLDG 0109</td>
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<tr>
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<th>Experience</th>
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<tr>
<td>Master Portable Chemical Toilets</td>
<td>PLUM 0005</td>
<td>2 years experience</td>
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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: __________________________________________________________

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 staring with the most recent. Be accurate and detailed and if additional space is needed please use back of this page.

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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 ______________________________________________________________________________________________________
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 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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Company Street City State Zip License Number

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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 ___________________________

FUTURE BUSINESS INTENT

(Not applicable to Journeyman and Maintenanceman applicants)

10. Do you intend to go into business or to qualify a company? Yes _____ No _____ If yes, please indicate below which type of business you may be interested in applying for:

_____ Sole Proprietorship  _____ Partnership  _____ Corporation/Other Business Entity

If you indicated above intent to later obtain a contractor’s business certificate, you must complete the appropriate business application for Board approval.
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
This is to certify that ____________________________________________ is/was employed by ____________________________________________ 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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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
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](http://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/](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.**
  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.**
SECTION B: BUSINESS APPLICATION for a SOLE PROPRIETORSHIP
QUALIFIER INFORMATION (To be completed by the Qualifying Agent)

1. 
   Name of Qualifying Agent _______________________________  Last 4 digits of SS# ______________

   Home Address ___________________________  City ______________________  State ________  Zip Code ______________

   Home Telephone No. ___________________________  Driver’s 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. ______________  NAICS CODE (See Attached List) ______________

2. 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.

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Were you ever refused a contractor’s license? NO □ YES □

   What type of license? _______________________________  When? _______________________________  Where? _______________________________

   Written Exam? NO □ YES □

   Why were you refused? ____________________________________________

   ____________________________________________________________

4. a. Do you currently hold a certificate issued by any Florida State Board? NO □ YES □

   If YES, provide Certificate No. ______________  and the name 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 □

   In what trade? _______________________________  Provide name of business entity _______________________________

   If applicable, provide state registration No. _______________________________
5. Have you the Qualifying Agent ever had a certificate of competency (business certificate) suspended or revoked by the State of 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.

6. 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.

7. Have you ever failed in business?  NO  YES  If YES, please explain.

8. REFERENCES. List four references which can provide information as to your competency and financial responsibility. An employer, an architect or engineer, a supply house and a financial institution are suggested.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>4.</td>
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</tbody>
</table>

9. Have you 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 contractor's license?  NO  YES  If YES, please explain.

10. Have you 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, negligence, fraud, deceit or lack of integrity?  NO  YES  If YES, please explain.
The following are definitions needed in order to answer the next set of questions.

(i) If a sole proprietorship, the qualifying agent; or owner
(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.

11. 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

12. 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

13. 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

14. 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

15. 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

16. 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

I certify that I will act for the sole proprietorship I am qualifying, in all matters concerning the contracting business, and will actively supervise all construction work and be responsible for ascertaining that all such work is completed according to approved plans, applicable codes and good construction standards. I will immediately notify the Construction Trades Qualifying Board (CTQB) if I sever connections with the business entity. I am aware that I must finalize my paperwork within 180 days from the date of CTQB approval and if I fail to do so my application will be null and void and I 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 Qualifying Agent

_________________________________________________________________
Print Name of Qualifying Agent

1, the Sole Proprietor, do hereby certify that _____________________________ is the qualifying agent for the Sole Proprietorship, and he shall have the authority to act for the Sole Proprietorship, in all matters connected with the contracting business; to supervise the construction and installation under the certificate of competency and occupational license issued to the Sole Proprietorship.

I further certify that I will notify the Board immediately if _____________________________, the qualifying agent, shall sever connections with the Sole Proprietorship.

X ________________
Signature of Sole Proprietor

_________________________________________________________________
Print Name of Sole Proprietor

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>236115</td>
<td>New Single-Family Housing Construction (except Operative Builders)</td>
</tr>
<tr>
<td>236116</td>
<td>New Multifamily Housing Construction (except Operative Builders)</td>
</tr>
<tr>
<td>236117</td>
<td>New Housing Operative Builders</td>
</tr>
<tr>
<td>236118</td>
<td>Residential Remodelers</td>
</tr>
<tr>
<td>236210</td>
<td>Industrial Building Construction</td>
</tr>
<tr>
<td>237110</td>
<td>Water and Sewer Line and Related Structures Construction</td>
</tr>
<tr>
<td>237120</td>
<td>Oil and Gas Pipeline and Related Structures Construction</td>
</tr>
<tr>
<td>237130</td>
<td>Power and Communication Line and Related Structures Construction</td>
</tr>
<tr>
<td>237210</td>
<td>Land Subdivision</td>
</tr>
<tr>
<td>237310</td>
<td>Highway, Street, and Bridge Construction</td>
</tr>
<tr>
<td>237990</td>
<td>Other Heavy and Civil Engineering Construction</td>
</tr>
<tr>
<td>238110</td>
<td>Poured Concrete Foundation and Structure Contractors</td>
</tr>
<tr>
<td>238120</td>
<td>Structural Steel and Precast Concrete Contractors</td>
</tr>
<tr>
<td>238130</td>
<td>Framing Contractors</td>
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<tr>
<td>238140</td>
<td>Masonry Contractors</td>
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<tr>
<td>238150</td>
<td>Glass and Glazing Contractors</td>
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<tr>
<td>238160</td>
<td>Roofing Contractors</td>
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<tr>
<td>238170</td>
<td>Siding Contractors</td>
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<tr>
<td>238190</td>
<td>Other Foundation, Structure, and Building Exterior Contractors</td>
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<tr>
<td>238210</td>
<td>Electrical Contractors and Other Wiring Installation Contractors</td>
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<tr>
<td>238220</td>
<td>Plumbing, Heating, and Air-Conditioning Contractors</td>
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<tr>
<td>238290</td>
<td>Other Building Equipment Contractors</td>
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<tr>
<td>238310</td>
<td>Drywall and Insulation Contractors</td>
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<tr>
<td>238320</td>
<td>Painting and Wall Covering Contractors</td>
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<tr>
<td>238330</td>
<td>Flooring Contractors</td>
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<tr>
<td>238340</td>
<td>Tile and Terrazzo Contractors</td>
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<td>238350</td>
<td>Finish Carpentry Contractors</td>
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<tr>
<td>238390</td>
<td>Other Building Finishing Contractors</td>
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<tr>
<td>238910</td>
<td>Site Preparation Contractors</td>
</tr>
<tr>
<td>238990</td>
<td>All Other Specialty Trade Contractors</td>
</tr>
</tbody>
</table>

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
CHECKLIST

Personal Application

☐ Copy of Drivers License

☐ Copy of Social Security Card

☐ Passport Size Photograph

☐ Notorized Reference Letter from a licensed contractor verifying required experience AND/OR W-2's

☐ If waterproofing category a certificate from a waterproofing manufacturer.

☐ Completed Application(s) Signed & Notarized.

☐ Personal Credit Report (Equifax or Experian) (Public Records Section).

Business Application

☐ Fictitious Name Registration

☐ Completed Application(s) Signed and Notarized

☐ Fee(s)

☐ Applicants Personal Credit Report
   Fictitious Name Credit Report
   (Dun & Bradstreet, Experian or TranUnion)
   (Public Records Section)

*INCOMPLETE APPLICATIONS WILL BE RETURNED*