APPLICATION FOR EXAM RETAKE

APPLICATION FEES

JOURNEYMAN AND MAINTENANCE................................................................................................. $ 240.00

MASTER AND INSTALLER.................................................................................................................. $ 315.00

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

MAKE CHECK PAYABLE TO: MIAMI-DADE COUNTY

NOTE: ON TWO PART EXAMS FEES WILL BE THE SAME REGARDLESS OF YOU PASSING ONE PART.
NO REFUNDS AFTER VOUCHER IS ISSUED.

APPLICATION SUBMITTAL

Return this request and all supporting documents and fees by mail to the Miami-Dade County Regulatory and Economic Resources Department Contractor Licensing, 11805 S.W. 26 Street, Room 207, Miami, FL 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 one of the following Contractor Licensing staff at (786) 315-2880.

Licensing Rep  Ronnie Diaz
Licensing Rep  Julio Coronado
Licensing Rep  Karen Jackson
Licensing Rep  Melinda Thomas
Licensing Rep  Juliet Prado
Supervisor      Jose Lezcano

For Engineering categories, please contact the Public Works Department at 111 NW 1st Street, Suite 1510, Miami, FL 33128. For further information call (305) 375-2705.
EXAM RETAKE or REQUEST

PLEASE TYPE OR PRINT:

Trade category APPROVED ____________________________

Provide exam language preference if other than English __________________

If previously passed, reason for retake __________________________________________

Name ______________________________________________________ Last 4 digits of Social __________________

Phone: Home __________________ Work __________________ Cellular __________________

Fax: __________________________________________ Email Address: __________________________

Address __________________________________________ City __________________ State ____ Zip Code ______

Driver’s License No. __________________ Place of Birth __________________ Date of Birth ______ Age _____

PART A □ PART B □ PART A & B □

(TECHNICAL PART) (BUSINESS PART)

JOURNEYMAN □ MAINTENANCE □

□

X __________________________ Appellant’s Signature

______________________________

Date