Construction Trades Qualifying Board

APPLICATION FOR PERSONAL and BUSINESS CERTIFICATION PARTNERSHIP

APPLICATION FEES

PERSONAL APPLICATION FEES

MASTER AND INSTALLER.....	$ 315.00
BUILDING/BUILDING SPECIALTIES PERSONAL CERTIFICATE.....	$ 315.00
ENGINEERING PERSONAL CERTIFICATE.....	$ 315.00
BUSINESS APPLICATION FEES..... (Business Application not applicable to Journeyman and Maintenance man applicants)	$ 315.00

MAKE CHECK PAYABLE TO MIAMI-DADE COUNTY

Refunds may be granted **only** for exam categories under specific circumstances outlined in Section 10-23 of the Code of Miami-Dade County. In those cases where a refund is applicable, there will be a non-refundable processing fee of $80. Refund requests must be made in writing no later than six months from the exam date. Original receipt must be presented for a refund.

APPLICATION SUBMITTAL

Return this application and all supporting documents by mail to the Miami-Dade County Building and Neighborhood Compliance 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 Clerk	Valease Spann
Licensing Clerk	Lourdes Maytin
Licensing Clerk	Karen Jackson
Licensing Clerk	DaShawn Williams
Licensing Clerk	Rafaela Castellon
Licensing Clerk	Melinda Thomas
Supervisor	Shirley Brown

*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 categories requiring an exam must be reviewed and approved by the Construction Trades Qualifying Board prior to taking an exam. The completed application along with the supporting documents as required with the fee must be received at least thirty (30) calendar days before the next scheduled CTQB meeting. A notice will be sent to the applicant indicating the date, time and location of the requested examination at least 10 days prior to the next scheduled exam.

Construction Trades Qualifying Board
List of Certification Categories

Building

*General Contractor (A)
*Residential Contractor (A)
*Building Contractor (A)

**Does not include Roofing or Swimming Pool

Building Specialties

Caulking
Canvas Awning
*Communication Tower (A)
Concrete Finishing
*Concrete Forming & Placing (A)
*Concrete Slab Sawing & Core Drilling (A)
*Demolition (A)
Door
*Drywall (A)
*Fence (A)
Finish Carpentry (Store Fixtures & Cabinets)
Flagpole
Flooring
Garage & Industrial Door
*Glass & Glazing (A)
Gypsum Drywall Finisher
Gypsum Drywall Installer
Insulation & Acoustical Tile
*Lathing & Plastering (A)
Masonry & Decorative Fence
*Metal Awning & Storm Shutter (A)
*Metal Decking & Siding (A)
Metal Partition (cannot be combined with Gypsum Drywall Finisher and/or Installer)
*Miscellaneous Metals (A)
Ornamental Iron
Painting
*Pneumatic Concreting & Pressure Grouting (A)
*Pre-stressed Precast Concrete Erection (A)
Public Seating
*Reinforcing Steel Placing (A)
*Roof (A)
*Rook Deck (A)
*Screen Enclosure
Sheet Metal Gutter & Downspout
Shower & Tub Enclosure
*Sign (Non-Electric) (A)
*Structural Steel Erection (A)
*Swimming Pool (A)
Tennis Courts (Surfacing Paving)
Traditional Thatched Hut
*Unit Masonry, Marble & Exterior Veneer (A)
Waterproofing

Maintenance

*Building Maintenance (B)
*Maintenance Electrician (B)
*Mechanical Maintenance (B)
*Plumbing Maintenance (B)

Electrical

*Journeyman Electrician (B)
*Journeyman Burglar Alarm (B)
*Journeyman Fire Alarm (B)
*Journeyman Sign Electrician (B)
*Master Electrician (A)
*Master Burglar Alarm (A)
*Master Electric Utility (A)
*Master Fire Alarm (A)
*Master Low Voltage (A)
*Master Sign Electrician (A)
*Master TV Antenna (A)

*Examination Categories
(A) = 2 part exam, Business and Technical
(B) = 1 part exam, Technical

CONTINUED ON BACK

Construction Trades Qualifying Board
List of Certification Categories

Plumbing

*Journeyman Plumber (B)
*Journeyman Gas Fitter (B)

*Master Plumber (A)
*Master Gas Fitter (A)
*Master Lawn Sprinkler (A)
*Master Swimming Pool Maintenance (Residential or Commercial) (A)
*Master Swimming Pool Piping (A)
Master Portable Chemical Toilets

Mechanical

*Journeyman Air Conditioning (B)
*Journeyman Fire Sprinkler (B)
*Journeyman Gasoline Tank & Pump (B)
*Journeyman General Mechanical (B)
*Journeyman Heating (B)
*Journeyman Insulation (B)
*Journeyman Pneumatic Control Piping (B)
*Journeyman Pressure & Process Piping (B)
*Journeyman Refrigeration (B)
*Journeyman Room Air Conditioning (B)
*Journeyman Sheet Metal (B)
*Journeyman Steam Generator Boilers & Piping (B)
*Journeyman Warm Air Heating (B)

*Master Air Conditioning Limited (A)
*Master Air Conditioning Unlimited (A)
*Master Ammonia Refrigeration (A)
*Master Elevator Maintenance & Service (A)
*Master Gasoline Tank & Pump (A)
*Master General Mechanical (A)
*Master Heating (A)
*Master Insulation (A)
*Master Pneumatic Control Piping (A)
Master Pneumatic Tube Conveyor System (A)
*Master Pressure & Process Piping (A)
*Master Refrigeration & Air Conditioning (A)
*Master Refrigeration Limited (A)
*Master Refrigeration Unlimited (A)
*Master Room Air Conditioning (A)
*Master Sheet Metal (A)
*Master Steam Generator Boiler & Piping (A)
*Master Transporting Assembly Install (A)
*Master Transporting Assembly Maintenance & Service(A)
*Master Warm Air Heating (A)

*Examination Categories
(A) = 2 part Exam – Business and Technical
(B) = 1 part Exam – Technical

Construction Trades Qualifying Board

BUILDING AND NEIGHBORHOOD COMPLIANCE DEPARTMENT
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 _____

If exam category, provide exam date _____

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!

All trade experience must be documented by LETTERS from all subject employers (employers must include their contractor license no.), W-2 forms, and/or other documentary proof of such experience may be required before the Construction Trades Qualifying Board (CTQB) can review your application. It is the applicant's responsibility to contact employers and obtain from them such documentary proof to be submitted by the applicant upon filing this 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)

					DATE FROM: Month/Yr.	DATE TO: Month/Yr.
Company	Street	City	State	Zip		
In what capacity did you work, or what did you do?						
Company	Street	City	State	Zip		
In what capacity did you work, or what did you do?						
Company	Street	City	State	Zip		

Company	Street	City	State	Zip		
In what capacity did you work, or what did you do?						
Company	Street	City	State	Zip		
In what capacity did you work, or what did you do?						
Company	Street	City	State	Zip		
In what capacity did you work, or what did you do?						

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, the applicable forms will be forwarded to you once your personal certification application has been approved.

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 **only** for exam categories under specific circumstances outlined in Section 10-23 of the Code of Miami-Dade County and 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
AFFIDAVIT OF TRADE EXPERIENCE

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:

_____

_____

_____

_____

MUST BE COMPLETED BY THE CONTRACTOR

I am the Qualifier of the above firm or corporation and hold a current certificate of competency

Card # _____ **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

FOR DEPARTMENT USE ONLY

Fee _____ Process No. _____ Clerk _____ Date _____

Is this application for a late renewal (missed more than two consecutive renewal periods) of a personal certificate?
Yes _____ No _____

Special Exam Provisions: _____ Applicant Initials: _____ Date: _____

Notes _____

_____

Review of PERSONAL APPLICATION

Approved ☐ **Rejected** ☐ **Board Appearance Required** ☐

FOR CTQB USE ONLY

APPROVED ☐ **REJECTED** ☐

Special instructions/comments from CTQB _____

_____

_____

By: _____ Date: _____
CTQB Member (Signature)

_____
(Print Name)

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 (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 Business Application must be completed by the Qualifying Agent. Section B of the Business Application must be completed by the 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 Business Application must be completed by the person qualifying the Partnership. Section B of the Business Application must be completed by the Partners.)

- 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 company name, a ***Business Application, Outgoing Affidavit (Change of Affiliation)*** form must be completed along with a fee of $100.00.

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. This original certificate must be presented to the Contractor Licensing Section and a copy submitted with the application. If sending the application by mail, a notarized copy of the certificate must be submitted.

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.

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) 487-6058 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 proprietorship, 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 filed with the Board with the following minimum insurance limits 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 Building and Neighborhood Compliance Dept., 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 Building 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 (phone no. (305) 377-5385).

11. All qualifying agents employed by Miami-Dade County are exempt from providing a Certificate of General Liability and Worker's Compensation Insurance (this does not apply to qualifying agents under contract with Miami-Dade County).

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

- **$315 per Business Certificate of Competency**
  If you are an active certified contractor and want to add additional qualifying agent(s), you must submit a business application and pay the required fee of $315.00 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**
- **$100 to add a DBA to an existing company**

Note: The fees provided above are non-refundable. Please make your check payable to <u>Miami-Dade County</u>

13. **FILING DATE**: Before CTQB can consider the issuance of a business certificate of competency; a credit report must be ordered by the applicant and received prior to the meeting. The credit agency takes approximately two to three weeks to provide the credit report. Therefore 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 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 Building and Neighborhood Compliance 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.

Building/Building Specialties:	Rafaela Castellon, Valease Spann, Dashawn Williams, Lourdes Maytin, Melinda Thomas
Electrical/Mechanical/Plumbing/LP Gas:	Karen Jackson
Supervisor:	Shirley Brown

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 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	Addres	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 you or any of the partners of the partnership been convicted of a felony in the past five years in the State of Florida or elsewhere? NO ☐ YES ☐ If YES, state where and nature 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 ☐

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. 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 within the past five years in this state or elsewhere? NO ☐ YES ☐

19. 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 partner in the business entity? 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.

X_____
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

X_____
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

F

X_____
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

X_____
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**

CHECKLIST

Personal Application

- ☐ **Copy of Drivers License**
- ☐ **Copy of Social Security Card**
- ☐ **Passport Size Photograph**
- ☐ **Reference Letter from a Licensed Contractor**
- ☐ **Completed Application(s) Signed & Notarized**
- ☐ **Fee(s)**
- ☐ **Personal Credit Report (Equifax or Experian)**

Business Application

- ☐ **Articles of Incorporation**
- ☐ **Completed Application(s) Signed and Notarized**
- ☐ **Fee(s)**
- ☐ **Business Credit Report**
  (Dun & Bradstreet, Experian or TranUnion)

INCOMPLETE APPLICATIONS WILL BE RETURNED