



Construction Trades Qualifying Board
APPLICATION FOR
****CHANGE OF AFFILIATION****
(Name Change)

APPLICATION FEES

CHANGE OF AFFILIATION..... \$350.00

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 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	Karen Jackson
Representatives	Ronnie Diaz
	Melinda Thomas
	Maxine Canovas
	Jorge Saname
Supervisor	Jose Lezcano

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



AFFIDAVIT - CHANGE OF AFFILIATION

- change to new company (new license number)
- change name of existing company (same license number)

I, _____ desire to change my current affiliation as qualifier of _____
(Name of Qualifier) (Name of current business entity)

_____ and _____ in order to qualify _____
(license number) (Business entity applying to qualify including DBA, if any)

I further state that my capacity as the qualifier in connection with the current business entity listed is to disconnect as qualifier. I have no personal unpaid obligations except as listed below. (If you have obligations, indicate also what arrangements have been made for payment).

I further state that the business listed as item (1) above has no unpaid obligations except as listed below. (If it has obligations, indicate also what arrangements have been made for payment).

I further state that the business listed as item (1) above has no outstanding permits and/or incomplete contracts except as listed below.
PERMIT NO. ADDRESS of JOB WHAT WAS BEING BUILT PERCENTAGE of JOB COMPLETED

If there are outstanding permits and/or incomplete jobs, what arrangements have been made for completion?

SIGNED BY: _____

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 voluntarily 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 _____



BUSINESS APPLICATION - CHANGE OF AFFILIATION

Corporation/LLC _____ Partnership _____ Sole Proprietor _____

Trade and Category (Refer to category list)

1.

Name of Qualifying Agent _____ Last 4 digits of Social _____

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 _____

DBA Name (if any) _____

Business Address _____ City _____ State _____ Zip Code _____

Business Telephone No. _____ Business Fax No. _____ Email Address _____

Name of Qualifying Agent _____ NAICS CODE (See attached List) _____

Provide his/her title in connection with the business entity _____

2. 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 _____%

3. If a corporation or LCC, list the principal stockholders/equity holders/managers and the percentage of stock owned/ownership interest by each of the officers/managers. If a partnership, list all partners and their ownership interest of each of partners.

NAME, ADDRESS AND TITLE HELD	PERCENTAGE OF STOCK/ OWNERSHIP INTEREST
------------------------------	--

_____	_____
_____	_____
_____	_____
_____	_____

4. 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.

5. Have you or any of the Officers, Partners or Managers of the company are currently or have 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.

6. 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 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, serves 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.

X _____

SIGNATURE of President, Officer, Manager or other 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____

NOTARY PUBLIC

My Commission Expires _____

CHECKLIST

CHANGE OF AFFILIATION

Copy of Driver's License

Completed Change of Affiliation Affidavit - Business Application

Florida Articles of Incorporation/LLC/Partnership for new company

**Business Credit Report For The OLD And NEW Company names
(Dun & Bradstreet, Experian or TransUnion) (PUBLIC RECORDS
SECTION)**

Fee(s)

INCOMPLETE APPLICATIONS WILL BE RETURNED