



**AUTHORIZED EMPLOYEE
CERTIFICATE OF COMPETENCY
APPLICATION**

PHOTOGRAPH

One recent photo must be
Attached

NEW _____ EXISTING _____

If existing, provide certificate number and Municipal/County Department name:

_____ (existing name) _____ (existing number)

Tradesman Number No. (if applicable) _____

Contractor License No. (if applicable) _____

Trade Category: _____ Driver's License # _____

QUALIFIER'S INFORMATION

Name _____

Home Address _____ Telephone No. () _____

City, State, Zip Code _____

Date of Birth _____ Last 4 digits of SS# _____

Employee ID No. / Info. _____ Driver's License No. _____

BUSINESS INFORMATION

Municipal/County Department Name _____

Address _____ Business No. () _____

City, State, Zip Code _____

Email Address: _____ Cell Phone No. _____ Fax No. _____

Chapter 10 of the Code of Miami-Dade County, Section XII - Authorized Employee Certificate of Competency – means the certificate issued by the Construction Trades Qualifying Board to any person who holds a current certificate of competency issued by the Construction Trades Qualifying Board or a State of Florida Certified Contractor and who does not hold himself or herself out for hire and who is an employee of a Miami-Dade County Department or Municipal Department while acting in accordance with the terms of their employment and as a qualifying agent.

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 Miami-Dade County? Yes ___ NO ___

X _____
Signature of Qualifying Agent

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



Department of Regulatory and Economic Resources
Contractor Licensing Section
11805 S.W. 26 Street, Room 207
Miami, Florida 33175-2474
Ph. (786) 315-2880 – Fax (786) 315-2450

***AUTHORIZED EMPLOYEE CERTIFICATE OF COMPETENCY**

APPLICATION INSTRUCTIONS

1. Complete Authorized Employee Certificate of Competency Application.
2. Attach a copy of the Qualifying Agent's Driver's License.
3. Attach a copy of your current State Certified License or County Certificate of Competency.
4. Attach a copy of Municipal/County Employee Identification.
5. Application Fee: \$630.00 (If applicant already has a **County** personal certificate only \$315.00)
6. If applicant is changing Municipal/County Department; Change of Affiliation fee: \$350.00

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The scope of work for the Authorized Employee Certificate of Competency shall be determined by the Construction Trades Qualifying Board or State of Florida Contractor license category(s) held. All valid categories shall be reflected on the Authorized Employee Certificate of Competency. No additional examination shall be required.

Note: Journeyman and Maintenance certificates are not eligible.

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.

APPLICATION SUBMITTAL – Return this application and all supporting documents by mail to the Miami-Dade County Regulatory and Economic Resources Department, Contractor Licensing Section, 11805 SW 26 Street, Room 207, Miami, Florida 33175-2474. You may also hand deliver documents to the Contractor Licensing Section located on the 2nd floor of the same building. If you have any questions, please contact the Contractor Licensing Section Staff at (786) 315-2880.

JOURNAL ENTRY MEMO BELOW IS NOT REQUIRED IF APPLICANT IS PAYING DIRECTLY WITH FUNDS OTHER THAN DEPARTMENT FUND TRANSFER.

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.

Memorandum



Date:

To: Monica Boza, Division Manager (Financial Services)
Department of Regulatory and Economic Resources

From: **Authorized by a Division Head or Higher**

Subject: Journal Entry

Please process the enclosed Authorized Employee Certificate of Competency application for the Department of Regulatory and Economic Resources, Contractor Licensing Section located at 11805 SW 26 St, Room 207, Miami FL 33175.

The following information is provided for your journal entry:

INDEX CODE _____

AMOUNT: \$ _____

SUB-OBJECT CODE: _____

DEPARTMENT NAME: _____

CONTACT PERSON: _____

TELEPHONE #: _____

RER PROCESS NUMBER: _____

If you have any questions, please call us at 786-315-2880.

Thank you.

**** The person bringing this form to the Department of Regulatory and Economic Resources (RER) must be a current County Employee with a valid County I.D.****