



MIAMI-DADE COUNTY, FLORIDA  
DEPARTMENT OF REGULATORY AND ECONOMIC  
RESOURCES

11805 SW 26<sup>th</sup> Street (Coral Way)  
Miami, Florida 33175  
(786) 315-2000

CONTRACTOR LICENSING SECTION  
(786) 315-2880 Fax (786) 315-2450

**CONSTRUCTION TRADES QUALIFYING BOARD  
CONTRACTOR LICENSING  
INSTRUCTIONS FOR CONTINUING EDUCATION  
SPONSOR RENEWAL**

**NOTE: THIS FORM IS TO BE USED FOR CONTINUING EDUCATION SPONSOR RENEWAL ONLY.**

**BEFORE SUBMITTING THIS RENEWAL TO THE BOARD, REVIEW THE FORM TO ENSURE THAT ALL SECTIONS ARE COMPLETED.**

**STATUTORY AUTHORITY:** Chapter 10 of the Code of Miami-Dade County

**RENEWAL FEE:** The renewal fee for a Continuing Education Sponsorship is \$200.00. **MAKE CHECK PAYABLE TO: DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES.**

**RENEWAL DEADLINE:** All Continuing Education Sponsor Renewal forms must be received no later than ninety (90) days prior to expiration. Any application received after the deadline may not be processed by the Board prior to the expiration of the Sponsorship.

**COMPLETION OF APPLICATION FORMS:**

**PART I: Sponsor data.** This section is for information regarding the **course sponsor** and the **contact person**. **Note: The Board will only recognize one (1) contact person for each sponsor and will only correspond with that individual.**

**PART II: Ownership data.** This section is for information regarding any individuals or business entities with ownership or interest in the course sponsor. If there are no individuals or business entities that are entitled to revenues from the course sponsor, please type N/A on the first line only. (**NOTE:** Attach additional lists if necessary.)

**PART III: Sponsor contact affidavit.** Statement regarding the accuracy of the information submitted.

**CONSTRUCTION TRADES QUALIFYING BOARD  
CONTRACTOR LICENSING  
CONTINUING EDUCATION SPONSOR RENEWAL**

<b>FOR OFFICE USE ONLY</b>	
PAID PROCESS # _____ DATE <u>  </u> / <u>  </u> / <u>  </u>	BOARD SECRETARY _____
APPROVED [ <input type="checkbox"/> ] REJECTED [ <input type="checkbox"/> ]	
COMMENT/REASON _____	
SIGNED _____	BOARD MEMBER, CTQB DIVISION _____ DATE: <u>  </u> / <u>  </u> / <u>  </u>

**PART I. CONTINUING EDUCATION SPONSOR DATA:**

CONTACT'S NAME:	LAST 4 DIGITS OF SOCIAL SECURITY # :
SPONSOR NAME:	
MAILING ADDRESS:	
street	city
zip	
TELEPHONE #	Federal Tax ID #
E-Mail Address	Fax #
Have you ever been approved as course provider of continuing education courses by the Florida Construction Industry Board or Electrical Contractors Licensing Board? YES [ <input type="checkbox"/> ] NO [ <input type="checkbox"/> ] Provider Number _____	

CONTINUING EDUCATION SPONSOR APPROVAL CONTINUED

**PART II: OWNERSHIP DATA:** List names and addresses of entities, persons or business/companies which are entitled to receive revenues from the continuing education sponsor.  
Use additional sheets as necessary. **IF THIS SECTION IS NOT APPLICABLE, PLEASE INDICATE N/A.**

<b>INDIVIDUAL/COMPANY NAME:</b>				
<b>ADDRESS:</b>				
STREET		CITY	STATE	ZIP
<b>TELEPHONE #:</b>		<b>SOCIAL SECURITY #</b>		
<b>FEDERAL TAX ID #:</b>				

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**PART III. SPONSOR CONTACT AFFIDAVIT:**

THIS SECTION IS TO BE SIGNED BY THE SPONSOR CONTACT PERSON IN THE PRESENCE OF A NOTARY PUBLIC.

**I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT. I AGREE THAT ANY MISREPRESENTATION OF MATERIAL FACTS HEREIN WILL RESULT IN SPONSORSHIP REVOCATION IN MIAMI-DADE COUNTY.**

**SIGNATURE OF SPONSOR CONTACT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

NOTARY PUBLIC:

SIGN: \_\_\_\_\_ CHECK ONE \_\_\_\_\_ PERSONALLY KNOWN TO ME

PRINT: \_\_\_\_\_ PRODUCED IDENTIFICATION  
TYPE OF ID PRODUCED \_\_\_\_\_