



Construction Trades Qualifying Board
**APPLICATION FOR
*INACTIVE STATUS***

INACTIVE STATUS FEE..... \$150.00

MAKE CHECK PAYABLE TO: MIAMI-DADE COUNTY

APPLICATION SUBMITTAL

Return this application and all supporting documents by mail or hand deliver to the Miami-Dade County Regulatory and Economic Resources Department Contractor Licensing Section, 11805 S.W. 26 Street, Room 207, Miami, FL 33175-2474. If you have questions, please contact one of the following Contractor Licensing staff at (786) 315-2880.

Licensing Representative Ronnie Diaz
Licensing Representative Lourdes Maytin
Licensing Representative Karen Jackson
Licensing Representative Melinda Thomas

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

The completed application along with the supporting documents as required with the fee must be received by the deadline for the next scheduled board meeting.

**Construction Trades Qualifying Board
INACTIVE STATUS APPLICATION**

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

_____ to INACTIVE status.

I further state that as a result of the operation of this contracting business, 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 stated 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 above has no outstanding incomplete contracts except as listed below.

PERMIT NO.	ADDRESS of JOB	WHAT WAS BEING BUILT	PERCENTAGE of JOB COMPLETED
------------	----------------	----------------------	-----------------------------

If incomplete jobs, what arrangements have been made for completion?

QUALIFIER SIGNATURE: _____

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: _____

CHECKLIST

INACTIVE STATUS

- Copy of Drivers License**
- Copy of Social Security Card**
- Completed Application(s) Signed and Notarized**
- Business Credit Report (If your contractor license is under your company name.) (Dun & Bradstreet, Experian or TransUnion)**
- Fee (s)**

INCOMPLETE APPLICATIONS WILL BE RETURNED