



Meeting Date: \_\_\_\_\_

Deadline: \_\_\_\_\_

**Construction Trades Qualifying Board**  
**APPLICATION FOR**  
**PERSONAL AND BUSINESS CORPORATION**  
**NON-EXAM**

**APPLICATION FEES:**

**MASTER/BUILDING SPECIALTY PERSONAL CERTIFICATE..... \$315.00**

**EACH ADDITIONAL CATEGORY..... \$315.00**

**BUSINESS APPLICATION ..... \$315.00**

\_\_\_\_\_  
(Business Application not applicable to Journeyman and Maintenance man applicants)

**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 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 Department of Regulatory & Economic Resources, Contractor Licensing, 11805 S.W. 26 Street, Room 207, Miami, FL 33175. You may also hand deliver documents to the Contractor Licensing Section 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 or rer-clc@miamidade.gov.

Licensing	Rep	Karen Jackson
Licensing	Rep	Melinda Thomas
Licensing	Rep	Juliet Prado
Licensing	Rep	Julio Coronado
Licensing	Rep	Maxine Canovas
Supervisor		Jose Lezcano

\*For Engineering categories, return application and all supporting documents to the Public Works Department at 111 NW 1<sup>st</sup> 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 board meeting deadline. A notice will be sent to the applicant indicating the results of Board and you may also contact us the following Monday after the meeting.

## CONSTRUCTION TRADES QUALIFYING BOARD

### LIST OF CERTIFICATION CATEGORIES

#### BUILDING

General Contractor**	BLDG	0001	4 years' experience - one as a supervisor/forman
Building Contractor**	BLDG	0002	4 years' experience - one as a supervisor/forman
Residential Contractor**	BLDG	0003	4 years' experience - one as a supervisor/forman

#### BUILDING SPECIALTIES

Caulking	BLDG	0009	2 years' experience
Canvas Awning	BLDG	0008	1 year experience
Communication Tower*	BLDG	0010	3 years' experience
Concrete Finishing	BLDG	0011	2 years' experience
Concrete Forming and Placing*	BLDG	0012	3 years' experience
Concrete Slab Sawing & Core Drilling*	BLDG	0013	1 year experience
Demolition*	BLDG	0015	3 years' experience
Door	BLDG	0016	1 year experience
Drywall*	BLDG	0017	1 year and 6 months
Fence*	BLDG	0018	1 year experience
Finish Carpentry	BLDG	0053	2 years' experience
Flagpole	BLDG	0019	1 year experience
Flooring	BLDG	0020	1 year experience
Garage and Industrial Door	BLDG	0022	1 year experience
Glass and Glazing*	BLDG	0023	3 years' experience
Gypsum Drywall Installer	BLDG	0115	2 years' experience
Gypsum Drywall Finisher	BLDG	0116	2 years' experience
Insulation and Acoustical Tile	BLDG	0025	2 years' experience
Limited Residential Repair	BLDG	0119	3 years experience
Lathing and Plastering*	BLDG	0026	3 years' experience
Decorative Concrete & Masonry Fence	BLDG	0027(CANNOT INSTALL FENCES)	1 year experience
Metal Awning & Storm Shutter*	BLDG	0029	1 year experience
Metal Decking & Siding*	BLDG	0031	3 years' experience
Metal Partition	BLDG	0032	1 year experience
Miscellaneous Metals*	BLDG	0034	3 years' experience
Ornamental Iron	BLDG	0035(CANNOT INSTALL FENCES)	2 years' experience
Painting	BLDG	0078	1 year experience
Pneumatic Concrete & Pressure Grouting*	BLDG	0038	3 years' experience
Pre-stressed Pre-cast Concrete Erection*	BLDG	0039	3 years' experience

\*EXAM CATEGORIES - JOURNEYMAN AND MAINTENANCE CATEGORIES TAKE ONLY ONE PART EXAM (TECHNICAL). ALL OTHER CATEGORIES TAKE TWO PART EXAM (TECHNICAL AND BUSINESS). \*\*CATEGORIES REQUIRING STATE REGISTRATION

Revised 7/6/2022

Public Seating	BLDG	0041	3 years experience
Reinforcing Steel Placing*	BLDG	0042	3 years' experience
Roof**	BLDG	0044	3 years' experience
Roof Deck*	BLDG	0046	1 year experience
Screen Enclosure*	BLDG	0048	1 year experience
Sheet Metal Gutter & Downspout	BLDG	0049	1 year experience
Shower and Tub Enclosure	BLDG	0050	1 year experience
Sign – Non Electric*	BLDG	0051	3 years' experience
Structural Steel Erection*	BLDG	0054	5 years' experience
Swimming Pool**	BLDG	0055	3 years' experience
Tennis Courts Surfacing	BLDG	0056	1 year experience
Traditional Thatched Hut	BLDG	0117	2 years' experience
Unit Masonry, Marble, Ext Veneer*	BLDG	0059	3 years' experience
Waterproofing	BLDG	0109	3 years' experience

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## MAINTENANCE

Building Maintenance*	BLDG	0007	1 year experience
Maintenance Electrician*	ELEC	0005	1 year experience
Mechanical Maintenance*	MECH	0012	1 year experience
Plumbing Maintenance*	PLUM	0004	1 year experience

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## ELECTRICAL

Journeyman Electrician*	ELEC		3 years' experience
Journeyman Burglar Alarm*	ELEC		3 years' experience
Journeyman Fire Alarm*	ELEC		3 years' experience
Journeyman Sign Electrician*	ELEC		3 years' experience
Master Electrician**	ELEC	0001	2 years as journeyman
Master Burglar Alarm**	ELEC	0002	2 years as journeyman
Master Electrical Utility**	ELEC	0008	2 years' experience
Master Fire Alarm**	ELEC	0004	2 years as journeyman
Master Low Voltage**	ELEC	0037	2 years' experience
Master Sign Electrician**	ELEC	0003	2 years as journeyman
Master TV Antenna*	ELEC	0006	2 years' experience

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## PLUMBING

Journeyman Plumber*	PLUM	0001	3 years' experience
Master Plumber**	PLUM	0001	2 years as journeyman
Lawn Sprinkler*	PLUM	0003	2 years' experience

\*EXAM CATEGORIES - JOURNEYMAN AND MAINTENANCE CATEGORIES TAKE ONLY ONE PART EXAM (TECHNICAL). ALL OTHER CATEGORIES TAKE TWO PART EXAM (TECHNICAL AND BUSINESS). \*\*CATEGORIES REQUIRING STATE REGISTRATION

Revised 7/6/2022

Master Pool Maintenance (limited)*	PLUM	0008	2 years' experience
Master Pool Maintenance (unlimited)*	PLUM	0009	2 years' experience
Master Swimming Pool Piping*	PLUM	0010	2 years' experience
Master Portable Chemical Toilets	PLUM	0005	2 years' experience

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## MECHANICAL

Journeyman Air Conditioning*	MECH	0004	3 years' experience
Journeyman Gasoline Tank & Pump*	MECH	0009	3 years' experience
Journeyman General Mechanical*	MECH	0001	3 years' experience
Journeyman Heating*	MECH	0010	3 years' experience
Journeyman Insulation*	MECH	0011	3 years' experience
Journeyman Pneumatic Control Piping*	MECH	0014	3 years' experience
Journeyman Pressure & Process Piping*	MECH	0016	3 years' experience
Journeyman Refrigeration*	MECH	0020	3 years' experience
Journeyman Room Air Conditioning*	MECH	0021	3 years' experience
Journeyman Sheet Metal*	MECH	0023	3 years' experience
Journeyman Steam Generator			
Journeyman Boilers & Piping*	MECH	0024	3 years' experience
Journeyman Warm Air Heating*	MECH	0027	3 years' experience
Master Air Conditioning Limited**	MECH	0002	2 years as journeyman
Master Air Conditioning Unlimited**	MECH	0003	2 years as journeyman
Master Ammonia Refrigeration*	MECH	0005	2 years as journeyman
Master Gasoline Tank and Pump*	MECH	0009	2 years as journeyman
Master General Mechanical**	MECH	0001	2 years as journeyman
Master Heating*	MECH	0010	2 years as journeyman
Master Insulation*	MECH	0011	2 years as journeyman
Master Pneumatic Control Piping*	MECH	0014	2 years as journeyman
Master Pneumatic Tube Conveyor*	MECH	0015	2 years' experience
Master Pressure & Process Piping*	MECH	0016	2 years as journeyman
Master Refrigeration & Air Condition**	MECH	0017	2 years as journeyman
Master Refrigeration Limited*	MECH	0018	2 years as journeyman
Master Refrigeration Unlimited*	MECH	0019	2 years as journeyman
Master Room Air Conditioning*	MECH	0021	2 years as journeyman
Master Sheet Metal*	MECH	0023	2 years as journeyman
Master Steam Generator			
Master Boiler and Piping*	MECH	0024	2 years as journeyman
Master Transporting Assembly Install*	MECH	0025	2 years as journeyman
Master Transporting Assembly			
Maintenance & Service*	MECH	0026	2 years' experience
Master Warm Air Heating*	MECH	0027	2 years as journeyman



# Construction Trades Qualifying Board

DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES  
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 category applying for \_\_\_\_\_

If exam category, provide exam Language preference if other than English \_\_\_\_\_

- 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

- Number of years working in trade applied for: \_\_\_\_\_ Yrs. as a Trainee: \_\_\_\_\_ Yrs. as Journeyman: \_\_\_\_\_
- If applying for a MASTER examination and the prerequisite is a Miami-Dade County Journeyman certification, when did you pass the Journeyman examination? \_\_\_\_\_
- Have you previously taken an examination in Miami-Dade County in the category you are now applying for? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, when? \_\_\_\_\_
- 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 \_\_\_\_\_
- 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 \_\_\_\_\_
- 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!

*Before the Construction Trades Qualifying Board can review your application all trade experience must be documented by letters, W-2 forms, and/or other documentary proof of such experience from all subject employers. It is the applicant's responsibility to contact employers and obtain from them such documentary proof. In place of the letter, an 'Affidavit of Experience' form included with this application can be completed by the employer and provided upon filing the application.*

#### TRADE EXPERIENCE

- List below your complete trade experience related to the category for which you are applying starting with the most recent. Be accurate and detailed and If additional space is needed please use back of this page.

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

In what capacity did you work, or what did you do?							
Company	Street	City	State	Zip	License Number		
In what capacity did you work, or what did you do?							
Company	Street	City	State	Zip	License Number		
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 \_\_\_\_\_

## 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 or apply for business certificate of competency. 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 under specific circumstances but will not 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

MUST BE COMPLETED BY THE QUALIFIER VERIFYING EXPERIENCE  
and who is currently qualifying the company below

This is to certify that \_\_\_\_\_ is/was

employed or subcontracted 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:

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License # \_\_\_\_\_ 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



## **Educational Prerequisite for all Non-Examination Categories of Licensure**

Each individual making application for a non-examination category of licensure, shall obtain , 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**



**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 with blue/black ink (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 application must be completed by the Qualifying Agent. Section B of the application must be completed by the Qualifying Agent, 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 personal application must be completed by the Qualifying Agent.) (Section B of the Business Application must be completed by the Qualifying Agent of the Partnership and the Partners of the Company.)
- 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 LICENSED company name, a **Business Application** form must be completed along with a fee of \$315.00.
- In all cases make sure the company name is not misleading by indicating you can perform work beyond the category you are applying for. Please contact our office if you are not clear and before creating a corporation.

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 (25% ownership) 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. A copy must be submitted with the application.

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/(850) 245-6052 or visit their website [www.sunbiz.org](http://www.sunbiz.org).

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) 245-6058 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 Sole-Proprietor, 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 provided with the following minimum insurance requirements 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 Department of Regulatory and Economic Resources, 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 Regulatory and Economic Resources 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 (305) 536-0306 / (850) 419-1609 <http://www.myfloridacfo.com/division/WC/>. The certificate must be issued to the qualifier and company name.

11. All qualifying agents qualifying a by Miami-Dade County Department are exempt from providing a Certificate of General Liability and Worker's Compensation Insurance.

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

- **\$315 per Business Certificate of Competency or add D/B/A.**  
If you are an active certified contractor and want to add additional qualifying agent(s), you must submit a personal and business application and pay the required fee of \$630.00 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**

**Note: Please make your check payable to Miami-Dade County**

13. **FILING DATE:** Before CTQB can consider the issuance of a business certificate of competency; a personal & business credit reports must be ordered by the applicant and received prior to the meeting. Also, 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 approximately 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 Regulatory and Economic Resources 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.

**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 B- BUSINESS APPLICATION for a CORPORATION/BUSINESS ENTITY**  
Qualifier Information (To be completed by the Qualifying Agent)

**WOULD YOU BE QUALIFYING AN EXISTING COUNTY CONTRACTOR:** No \_\_\_ Yes \_\_\_, If yes, license number \_\_\_\_\_.

Trade Name and Category (Refer to category list)

1. \_\_\_\_\_

Name of Qualifying Agent (applicant)	Last 4 digits of Social
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Home Address	City	State	Zip Code
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Home Telephone No.	Driver's License No.
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Height	Weight	Color of Hair
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Date of Birth	Place of Birth (City and State)
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Business Name	Position
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DBA Name (if any) \_\_\_\_\_

Business Address	City	State	Zip Code
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Business Telephone No.	Business Fax No.	Email Address
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Name of qualifying agent who completed SECTION A.	NAICS CODE (See attached List)
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Provide his/her title in connection with the business entity

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).

\_\_\_\_\_

c. 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 principal stockholders/equity holders and the percentage of stock owned/ownership interest by each of them:

NAME, ADDRESS AND OFFICE HELD	PERCENTAGE OF STOCK/ OWNERSHIP INTEREST

5.

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.

6.

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.

1.

Name	Address	Telephone No.

2.

Name	Address	Telephone No.

3.

Name	Address	Telephone No.

4.

Name	Address	Telephone No.

7.

Provide below the name, address and telephone no. of all officers. (Use additional sheet if necessary)

	NAME	ADDRESS	TELEPHONE No.
PRESIDENT			
VICE- PRESIDENT			
SECRETARY			
TREASURER			
CHIEF CONST. MANAGER			

**DIRECTOR** \_\_\_\_\_  
**DIRECTOR** \_\_\_\_\_  
**OTHER** \_\_\_\_\_

8. Have any of the Officers or Directors of the corporation/business entity been arrested or 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.

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9. Are any of the Officers or Directors of the corporation/business entity presently charged with committing a felony? NO ☐ YES ☐ If YES, state where and nature of offense. Provide name of court and case number.

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10. Have any of the officers or directors failed in business in the last five years? NO ☐ YES ☐ If YES, please specific details.

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11. Have you or has any officer or director as an individual, or as an officer or director of a corporation or as a member of a business entity ever committed an act within the past three years which if committed by a licensed contractor would be grounds for suspension or revocation of such contractor's license? NO ☐ YES ☐ If YES, please provide details

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12. Have you or has any officer or director as an individual or 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, negligence, deceit or lack of integrity? NO ☐ YES ☐ If YES, please explain.

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13. Have you or any member of the business entity or officer or director of the corporation ever had a Certificate of Competency suspended or revoked by the Florida Construction Industry Licensing Board or other state licensing authority or the licensing authority of another municipality or county whether located in the State of Florida or another state? NO ☐ YES ☐ If YES, please explain.

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**The following are definitions needed in order to answer the next set of questions.**

***(i) If a corporation, the qualifying agent, the president, vice-president, secretary and any stockholder controlling 25% or more of the stock in the corporation; if a joint venture, the qualifying agent, partners or president, vice-president, secretary and any stockholder controlling 25% or more of the stock in the corporations if the joint venture is comprised of corporations, if any other business entity, the chief officer and any other officer relevant to the record keeping or finances of the business entity as well as any owner of the business entity owning 25% or more of the business entity.***

***(ii) For purpose of this rule "responsible person" includes a qualifying agent, any partner, joint venture partner, corporate officer, corporate director, trustee and stockholder controlling 25% or more in a corporation.***

14. 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 ☐

15. 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 ☐

16. 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 ☐

17. 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 ☐

18. 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 ☐

19. 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 ☐

20. Is the Qualifying Agent an officer or manager or have ownership interest in the contracting business he/she is intending to qualify? If an officer or manager it must indicate it on the corporate records. If ownership, a minimum 25 % is required.

NO ☐ YES ☐

If YES, provide position \_\_\_\_\_, percentage of ownership interest \_\_\_\_\_%.

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, severs 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 or other Officer  
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\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC



# **CHECK LIST**

## **Personal Part**

**Copy of Drivers License**

**Copy of Social Security Card**

**Passport Size Photograph**

**Notarized Experience Letter/Affidavit (ORIGINAL ONLY) from a licensed contractor and signed by the qualifier/officer verifying required experience and W-2's. W-2's must reflect full time employment.**

**If waterproofing category also provide a certificate as an installer from a waterproofing manufacturer-ORIGINAL DOCUMENT.**

**Completed Application(s) Signed & Notarized**

## **Business Part**

**Florida Articles of Incorporation - NOTE: If applicant is not an officer/member, an officer/member must sign the business part of the application.**

**Completed Application(s) Signed and Notarized**

**Fee(s)**

**Applicants Personal Credit Report - Public Records Section (Experian.com or Equifax.com)**

**Business Credit Report Public Records Section (Dun & Bradstreet, Experian.com)**

**\* INCOMPLETE APPLICATIONS WILL BE RETURNED \***