



Meeting Date: _____
Deadline: _____

Construction Trades Qualifying Board

**APPLICATION FOR
PERSONAL AND BUSINESS RECIPROCITY
*EXAM CATEGORIES ONLY***

APPLICATION FEE

PERSONAL AND BUSINESS.....\$ 630.00

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 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 3330-1563. If you have questions, please contact one of the following Contractor Licensing staff at (786) 315-2880 or rer-clc@miamidade.gov

Licensing Representative	Karen Jackson
Licensing Representative	Juliet Arevalo
Licensing Representative	Melinda Thomas
Licensing Representative	Julio Coronado
Licensing Representative	Maxine Canovas
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 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.

RECIPROCITY CATEGORIES

MIAMI DADE COUNTY LICENSE

GENERAL CONTRACTOR
BUILDING CONTRACTOR
RESIDENTIAL CONTRACTOR
PLUMBING CONTRACTOR
ELECTRICAL CONTRACTOR
CONCRETE FORMING & PLACING CONTRACTOR
FENCE CONTRACTOR
GLASS & GLAZING CONTRACTOR
GLASS & GLAZING CONTRACTOR
DEMOLITION CONTRACTOR
LATHING & PLASTERING CONTRACTOR
MISCELLANEOUS METALS CONTRACTOR
MISCELLANEOUS METALS CONTRACTOR
ROOFING CONTRACTOR
ROOF DECK CONTRACTOR
SCREEN ENCLOSURE CONTRACTOR
SIGN NON-ELECTRIC CONTRACTOR
STRUCTURAL STEEL ERECTION CONTRACTOR
SWIMMING POOL CONTRACTOR
UNIT MASONRY MARBLE & EXT. VENEER CONTRACTOR
MASTER SWIMMING POOL MAINTENANCE UNLIMITED
MASTER BURGLAR ALARM
MASTER INSULATION
MASTER LOW VOLTAGE
MASTER LOW VOLTAGE
MASTER LAWN SPRINKLER
MASTER REFRIGERATION & AIR CONDITIONING
MASTER REFRIGERATION & AIR CONDITIONING
MASTER TRANSPORT ASSEMBLY INSTALL

BROWARD COUNTY LICENSE

GENERAL CONTRACTOR CATEGORY
BUILDING CONTRACTOR CATEGORY
RESIDENTIAL CONTRACTOR CATEGORY
PLUMBING CONTRACTOR
ELECTRICAL CONTRACTOR
CONCRETE PLACING & FINISHING CATEGORY
FENCE ERECTION CATEGORY
GLAZING CATEGORY
WINDOW AND DOOR CATEGORY
DEMOLITION CATEGORY
PLASTERING AND STUCCO CATEGORY
MISCELLANEOUS METALS ERECTION CATEGORY
ALUMINUM SPECIALTY STRUCTURE CATEGORY
ROOFING CATEGORY
ROOF DECKS CATEGORY
SCREEN ENCLOSURE CATEGORY
SIGN ERECTION (NON-ELECTRIC) CATEGORY
STRUCTURAL STEEL CATEGORY
COMMERCIAL POOL/SPA CATEGORY (CPC)
MASONRY CATEGORY
SWIMMING POOL/SPA SERVICING CATEGORY
ALARM SYSTEM CONTRACTOR II
INSULATION CONTRACTOR COMMUNICATION
& SOUND SYSTEMS LIMITED ENERGY SYSTEMS
IRRIGATION SPECIALTY CONTRACTOR
CLASS A AIR CONDITIONING CONTRACTOR
CLASS B AIR CONDITIONING CONTRACTOR
TRANSPORTING ASSEMBLY

NOTE: LICENSE OR CERTIFICATE BEING RECIPROCATED MUST BE CURRENT AND ACTIVE.

THE BOARD MAY ACCEPT RECIPROCITY FOR ADDITIONAL CATEGORIES NOT LISTED ABOVE FROM ANY FLORIDA COUNTY ON A CASE BY CASE BASES. IN ADDITION TO THE ITEMS LISTED ON THE APPLICATION PLEASE INCLUDE THE SCOPE OF WORK DESCRIPTION FOR THE LICENSE CATEGORY YOU CURRENTLY HOLD.

RECIPROCITY CATEGORIES

MIAMI DADE COUNTY LICENSE

GENERAL CONTRACTOR
BUILDING CONTRACTOR
RESIDENTIAL CONTRACTOR
PLUMBING CONTRACTOR
ELECTRICAL CONTRACTOR
AIR CONDITIONING CONTRACTOR
DEMOLITION CONTRACTOR
CONCRETE FORMING & PLACING CONTRACTOR
DRYWALL CONTRACTOR
FENCE CONTRACTOR
GLASS & GLAZING CONTRACTOR
METAL AWNING & STORM SHUTTER CONTRACTOR
UNIT MASONRY MARBLE & EXT. VENEER CONTRACTOR
LATHING & PLASTERING CONTRACTOR
REINFORCING STEEL PLACING CONTRACTOR
ROOF DECK CONTRACTOR
ROOFING CONTRACTOR
STRUCTURAL STEEL ERECTION CONTRACTOR
LOW VOLTAGE CONTRACTOR

MIAMI DADE COUNTY LICENSE

MASTER LOW VOLTAGE
MASTER PLUMBER
GENERAL CONTRACTOR
BUILDING CONTRACTOR
RESIDENTIAL CONTRACTOR
DRYWALL CONTRACTOR
GLASS AND GLAZING CONTRACTOR
ROOFING CONTRACTOR

PALM BEACH COUNTY LICENSE

GENERAL CONTRACTOR
BUILDING CONTRACTOR
RESIDENTIAL CONTRACTOR
PLUMBING CONTRACTOR
ELECTRICAL CONTRACTOR
HARV CONTRACTORS
DEMOLITION CONTRACTOR
CONCRETE FORMING & PLACING CONTRACTOR
DRYWALL CONTRACTOR
FENCE CONTRACTOR
GLASS & GLAZING CONTRACTOR
HURRICANE SHUTTER/AWNING CONTRACTOR
MASONRY CONTRACTOR
PLASTERING CONTRACTOR
REINFORCING STEEL CONTRACTOR
ROOF DECK CONTRACTOR
ROOFING CONTRACTOR
STRUCTURAL STEEL ERECTION CONTRACTOR
LOW VOLTAGE CONTRACTOR

MONROE COUNTY LICENSE

LOW VOLTAGE ELECTRICAL CONTRACTOR
MASTER PLUMBER
GENERAL CONTRACTOR
BUILDING CONTRACTOR
RESIDENTIAL CONTRACTOR
GYPSUM DRYWALL CONTRACTOR
GLAZING SPECIALTY CONTRACTOR
ROOFING CONTRACTOR

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THE BOARD MAY ACCEPT RECIPROCITY FOR ADDITIONAL CATEGORIES NOT LISTED ABOVE FROM ANY FLORIDA COUNTY ON A CASE BY CASE BASES. IN ADDITION TO THE ITEMS LISTED ON THE APPLICATION PLEASE INCLUDE THE SCOPE OF WORK DESCRIPTION FOR THE LICENSE CATEGORY YOU CURRENTLY HOLD.

RECIPROCITY CATEGORIES

○ **MIAMI DADE COUNTY LICENSE**

FENCE CONTRACTOR
CONCRETE FORMING & PLACING

○ **MIAMI DADE COUNTY LICENSE**

MASTER ELECTRICAL CONTRACTOR
MASTER PLUMBER

○ **ST.LUCIE COUNTY LICENSE**

FENCE CONTRACTOR
CONCRETE FORM/PLACE/FINISH

○ **POLK COUNTY LICENSE**

ELECTRICAL CONTRACTOR
MASTER PLUMBER

NOTE: LICENSE OR CERTIFICATE BEING RECIPROCATED MUST BE CURRENT AND ACTIVE.

THE BOARD MAY ACCEPT RECIPROCITY FOR ADDITIONAL CATEGORIES NOT LISTED ABOVE FROM ANY FLORIDA COUNTY ON A CASE BY CASE BASES. IN ADDITION TO THE ITEMS LISTED ON THE APPLICATION PLEASE INCLUDE THE SCOPE OF WORK DESCRIPTION FOR THE LICENSE CATEGORY YOU CURRENTLY HOLD.



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 _____

From what County are you reciprocating? _____

1. 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

2. Number of years working in trade applied for: _____ Yrs. as a Trainee: _____ Yrs. as Journeyman: _____
3. If applying for a MASTER examination and the prerequisite is a Miami-Dade County Journeyman certification, when did you pass the Journeyman examination? _____
4. Have you previously taken an examination in Miami-Dade County in the category you are now applying for? Yes _____ No _____
If Yes, when? _____
5. 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 _____
6. 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 _____
7. 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

8. List below your complete trade experience related to the category for which you are applying. Be accurate and detailed since this information will be verified. If additional space is needed please use back of this page.
(BEGIN WITH CURRENT EMPLOYER)

						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		

Revised 7/6/2022

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.

10. 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. 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
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 business license, 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.
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/>. Exemption certificate must be issued to the qualifying agent and qualifying company.

11. All qualifying agents qualifying a 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 to EXISTING license.**
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 D- BUSINESS APPLICATION for a CORPORATION/BUSINESS ENTITY
(Other than Sole Proprietorship or Partnership)
Qualifier Information (To be completed by the Qualifying Agent)

Trade and Category (Refer to category list)

1.

Name of Qualifying Agent _____ Last 4 digits of SS# _____

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 who completed SECTION A.

Provide his/her title in connection with the business entity _____ NAICS CODE (See Attached List) _____

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

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.
(NOTE. - This question is restricted to tested categories only)

1.

Name	Address	Home Telephone No.
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2.

Name	Address	Home Telephone No.
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3.

Name	Address	Home Telephone No.
------	---------	--------------------

4.

Name	Address	Home Telephone No.
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7.

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

NAME	HOME ADDRESS	HOME 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

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.

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

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

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.

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.

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 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 and occupational license 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. I am also aware that the fee for this application is non-refundable.

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

CHECKLIST

Personal Part

Copy of Drivers License

Copy of Social Security Card

Passport Size Photograph

Letter of Reciprocity with Current/Active License Completed

Application(s) Signed & Notarized Copy of Current/Active License

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

Fee(s)

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

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

Fee(s)

INCOMPLETE APPLICATIONS WILL BE RETURNED