



Tel: 786-469-2300



Fax: 786-469-2311



email: license@miamidade.gov

APPLICATION FOR MECHANIC/APPRENTICE PERMIT

Application Type: Check one of the following:

Initial

Renewal

2yr Renewal

LICENSE OR PERMIT APPLIED FOR: Check one of the following:

Certified Mechanic or Paint & Body Technician

Exempt Mechanic

Apprentice Permit

Check one of the following:

Paint & Body Apprentice _____

Mechanic Apprentice _____

APPLICANT INFORMATION (please print clearly):

Full Legal Name: _____

Address: _____ Apt/Suite Number: _____ City/Zip: _____

Mailing Address(if applicable): _____ City/Zip: _____

Phone Number: _____ Cell Number _____

Email Address: _____ County Permit Number: _____

Date of Birth: _____ Driver's License Number: _____

EMPLOYMENT INFORMATION:

PLEASE CHECK BOX IF UNEMPLOYED

Business Name : _____

Address: _____ Zip Code: _____

Shop MVR Number: _____ Business Phone: _____

Please answer yes or no to the following question:

Yes No Do you owe any money to Miami-Dade County, either individually or through any other business?
(unpaid liens, administrative costs, etc.) *If yes, please provide details on a separate sheet.*

SEE BELOW FOR IMPORTANT INFORMATION

- **LICENSE OR PERMIT APPLIED FOR: CERTIFIED MECHANIC/TECHNICIAN** - An applicant wishing to obtain a Certified Master Mechanic, Specialty Mechanic or a Paint/Body Technician license, must provide **originals** of each current ASE and/or AATI certification he or she holds. No copies or faxes. In addition to the foregoing, an applicant wishing to **renew** his or her certification must submit proof of 16 hours continuing education for each year he or she has applied for. **A license shall only be issued for those repair categories an applicant has qualified for** (See item no. 6 for the applicable license fees). Pursuant to section 8A-161.24 of the Miami-Dade Code, certified specialty mechanics & paint/body technicians

shall not supervise repair work performed by more than two apprentices. A master mechanic may only supervise up to three apprentices.

- **APPLICANT INFORMATION:** All applications must be entirely filled out by the person applying for the license. Incomplete applications, such as those without full payment, signature or required documents will be immediately denied. A copy of the applicant's picture identification will be required if someone else is submitting the application and paperwork for the applicant.
- **EMPLOYMENT INFORMATION:** Provide the contact information of your employer(s). If you are unemployed, check the appropriate box. It is illegal to operate as an independent mobile mechanic/technician without a motor vehicle repair shop license. As a certified mechanic/technician you may only qualify **one** shop.

Complete the following checklist including those items attached or enclosed with this application:

- **UNDERLINED** items apply only to persons applying for a Certified permit -

- | | |
|---|--|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> <u>ASE or AATI Certification</u> |
| <input type="checkbox"/> License Fees | <input type="checkbox"/> <u>Exempt Sworn Statement</u> |
| <input type="checkbox"/> <u>Proof of 16 Hours Continuing Education (1 year)</u> | <input type="checkbox"/> <u>Proof of 32 Hours Continuing Education (2 years)</u> |
| <input type="checkbox"/> Copy of Applicant's Driver's License | |

I, _____, the undersigned, under penalties of perjury, declare that I have read the foregoing application and verify that the facts stated in it are true and complete. I will abide by the provisions of the Code of Miami-Dade County and all other applicable laws. I understand that civil penalties may be imposed for violations of the Miami-Dade County Code. I acknowledge that omissions or false statements will be grounds for suspension, revocation or non-issuance of a license or permit.. **I further acknowledge that all license and permit fees are non-refundable and that incomplete applications shall be immediately denied.**

There are two options for submission:

- 1) Print this application, sign and date, and mail to our office with fees and required items from checklist above.
- 2) e-sign, upload along with required items from checklist above at https://energov.miamidade.gov/EnerGov_Prod/SelfService#/home and pay fees.

Instructions for e-sign:

- 1) type **/s/** at the beginning of each signature block; 2) then type your full name; 3) date the application.
- Your e-signature should appear as: **/s/ Jane Doe**

An electronic signature has the same force and effect as a written signature, pursuant to Section 668.004, Florida Statutes

APPLICANT SIGNATURE

DATE