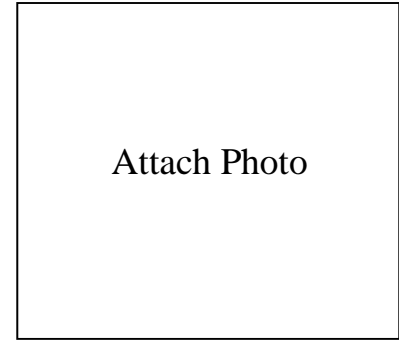


Meeting Date: _____
Deadline: _____



REINSTATEMENT OF TRADESMAN/CONTRACTOR LICENSE APPLICATION



Attach Photo

____ Hardship
____ Illness

Tradesman No _____ Expiration Date _____

Certificate of Competency No _____ Expiration Date _____

Trade Category: _____ Driver's License # _____

TRADESMAN/QUALIFIER'S INFORMATION

Name _____

Home Address _____ Telephone No. (____) _____

City, State, Zip Code _____

Date of Birth _____ Last 4 digits of SS# _____

BUSINESS INFORMATION

Business Name _____

Address _____ Business No. (____) _____

City, State, Zip Code _____

Email Address: _____ Cell Phone No. _____ Fax No. _____

*Chapter 10 of the Code of Miami-Dade County, states the holder of a certificate which has become null and void may reapply to the Board or a division for a new certification or request reinstatement. The Board shall strictly construe and determine applicability for renewal based on documentation provided by the licensee. The Board shall not reinstate a null and void license except where illness or undue hardship and a good faith effort to comply with the renewal requirements is demonstrated.

As a Condition of this application, you will be required to appear before the Board.

Where consent to reinstate is granted, completion of eight (8) classroom hours of continuing education for each year the certificate was involuntarily inactive, as specified by the board or a division thereof and payment of renewal fees as established by administrative order for each renewal period in which the certificate was involuntary inactive shall be imposed.

X _____
Signature of Qualifying Agent

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

**Department of Regulatory and Economic Resources
Contractor Licensing Section
11805 S.W. 26 Street, Room 207
Miami, Florida 33175-2474
Ph. (786) 315-2880 – Fax (786) 315-2450**

***REINSTATEMENT OF TRADESMAN/CONTRACTOR LICENSE**

APPLICATION INSTRUCTIONS

1. Complete Application to include:
 - Affidavit for Hardship and/or Illness
 - Passport Size Photo
 - Copy of Driver's License
 - Personal Credit Report

2. Payment of Late/Back Renewal Fee: Actual Fees for each Renewal Cycle Lapsed to include applicable late fees.

Chapter 10 of the Code of Miami-Dade County, states the holder of a certificate which has become null and void may reapply to the Board or a division thereof for a new certification or request reinstatement. The Board shall strictly construe and determine applicability for renewal based on documentation provided by the licensee. The Board shall not reinstate a null and void license except where illness or undue hardship and a good faith effort to comply with the renewal requirements is demonstrated.

As a Condition of this application, you will be required to appear before the Board.

Where consent to reinstate is granted, completion of eight (8) classroom hours of continuing education for each year required by Code and as specified by the Board or a division thereof and payment of renewal fees as established by administrative order for each renewal period in which the certificate was involuntary inactive shall be imposed.

IMPORTANT! 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 to the Miami-Dade County Regulatory and Economic Resources Department, Contractor Licensing Section, 11805 SW 26 Street, Room 207, Miami, Florida 33175-2474. You may also hand deliver documents to the Contractor Licensing Section located on the 2nd floor of the same building. If you have any questions, please contact the Contractor Licensing Section 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.



Construction Trades Qualifying Board AFFIDAVIT OF HARDSHIP/ILLNESS

This is to certify that I, _____, wish to be considered for reinstatement as a result of:

- Financial/Significant Hardship
- Illness

The period that is covered is:

from _____ to _____.

Describe the Hardship and/or Illness claimed under Chapter 10 as it relates to reinstatement provisions to be considered:
(You may also attach additional documentation)

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: _____