



# Construction Trades Qualifying Board APPLICATION FOR BUSINESS CERTIFICATION

## APPLICATION FEES

**BUSINESS APPLICATION FEES**..... \$ 315.00  
(Business Application not applicable to Journeyman and Maintenance man applicants)

## **MAKE CHECK PAYABLE TO MIAMI-DADE COUNTY**

Refunds may be granted **only** for exam categories under specific circumstances outlined in Section 10-23 of the Code of Miami-Dade County. In those cases where a refund is applicable, there will be a non-refundable processing fee of \$80. Refund requests must be made in writing no later than six months from the exam 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 Building Code Compliance Office, Contractor Licensing, 140 W. Flagler Street, Suite 1602, Miami, FL 33130-1563. You may also hand deliver documents to Contractor Licensing located on the 16<sup>th</sup> floor of the same building. If you have questions, please contact one of the following Contractor Licensing staff at (305) 375-2901.

Licensing Clerk	Dorothy Woon
Licensing Clerk	Valease Floyd
Licensing Clerk	Lourdes Maytin
Licensing Clerk	Alison Corvetto
Licensing Clerk	Maria Moreno
Supervisor	Shirley Brown

\*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 categories requiring an exam must be reviewed and approved by the Contractor Enforcement Section and the Construction Trades Qualifying Board prior to taking an exam. The completed application along with the supporting documents as required with the fee must be received at least thirty (30) calendar days before the next scheduled CTQB meeting. A notice will be sent to the applicant indicating the date, time and location of the requested examination at least 10 days prior to the next scheduled exam.



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 (must be legible).

- If a Corporation or a Business Entity other than a sole proprietorship or partnership, a ***Business Application for a Corporation/Business Entity*** and ***Applicant Financial History*** form must be completed. (Section A of the Business Application must be completed by the Qualifying Agent. Section B of the Business Application must be completed by the president or authorized officer.)
- If a Sole Proprietorship, a ***Business Application for a Proprietorship*** and ***Applicant Financial History*** form must be completed. (The qualifying agent must complete the entire business application.)
- If a Partnership, a ***Business Application for a Partnership*** and ***Applicant Financial History*** form must be completed. (Section A of the Business Application must be completed by the person qualifying the Partnership. Section B of the Business Application must be completed by the Partners.)
- For a Change of Affiliation, a ***Business Application, Outgoing Affidavit (Change of Affiliation)*** and ***Applicant Financial History*** form must be completed.
- To place a certificate in inactive status, an ***Outgoing Affidavit (Inactive Status)*** and ***Applicant Financial History*** form must be completed.
- To add a "DBA" to an existing company name, a ***Business Application, Outgoing Affidavit (Change of Affiliation)*** and ***Applicant Financial History*** form must be completed along with a fee of \$100.00.

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 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. This original certificate must be presented to the Contractor Licensing Section and a copy submitted with the application. If sending the application by mail, a notarized copy of the certificate must be submitted.
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) 488-9000.
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) 487-6058 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 proprietorship, you must submit documents that demonstrate the ownership interest of the business including, but not limited to, name, home address, ownership interest.

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**9. CERTIFICATE OF GENERAL LIABILITY INSURANCE**

A certificate of general liability insurance must be filed with the Board with the following minimum insurance limits 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 Building Code Compliance Office, 140 W. Flagler Street, Suite 1603, Miami, FL 33130.

**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 Building 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 (phone no. (305) 377-5385 ext. 102).

11. All qualifying agents employed by Miami-Dade County are exempt from providing a Certificate of General Liability and Worker's Compensation Insurance (this does not apply to qualifying agents under contract with Miami-Dade County).

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

**• \$315 per Business Certificate of Competency**

If you are an active certified contractor and want to add additional qualifying agent(s), you must submit a business application and pay the required fee of \$315.00 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**

**• \$100 to add a DBA to an existing company**

Note: The fees provided above are non-refundable. Please make your check payable to **Miami-Dade County Building Code Compliance Office**

13. **FILING DATE:** Before CTQB can consider the issuance of a business certificate of competency, a credit report must be ordered by our office and received prior to the meeting. The Building Code Compliance Office utilizes a vendor under contract who provides these credit-reporting services. The vendor takes approximately two to three weeks to provide the credit report. Therefore, 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 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 Building Code Compliance Office, Contractor Licensing, 140 W. Flagler Street, Suite 1602, Miami, Florida 33130-1563. You may also hand deliver documents to Contractor Licensing located on the 16th floor of the same building. If you have questions, please contact the Contractor Licensing staff at (305) 375-2527.

Building/Building Specialties	Dorothy Woon
Electrical/Mechanical/Plumbing/LP Gas	Alison Corvetto
Supervisor	Shirley Brown

**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)**

1. \_\_\_\_\_ Trade and Category (Refer to category list)  
 \_\_\_\_\_ XXX-XX-  
 Name of Qualifying Agent \_\_\_\_\_ Last 4 Digits of Social Security No.

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 \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Telephone No. \_\_\_\_\_ Business Fax No. \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_  
 Name of qualifying agent who completed SECTION A. \_\_\_\_\_ Trade and Category (Refer to category list)

\_\_\_\_\_  
 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 \_\_\_\_\_

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.
2.	_____	_____	_____
	Name	Address	Home Telephone No.
3.	_____	_____	_____
	Name	Address	Home Telephone No.
4.	_____	_____	_____
	Name	Address	Home Telephone No.

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 convicted of a felony during the past five years 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. Does the Qualifying Agent have a significant management and/or financial interest in the contracting business he/she is qualifying as evidenced by his/her position as an officer or principal stockholder in the business entity? NO  YES   
If YES, provide position \_\_\_\_\_, percentage of ownership interest \_\_\_\_\_%.



# Construction Trades Qualifying Board

## APPLICANT FINANCIAL HISTORY

(To be completed by the qualifying agent)

NOTE: Under the provisions of Section 10-6 of the Code of Miami-Dade County, certain affirmative conditions must be established for both the qualifying agent and the business entity being qualified including financial responsibility before the Construction Trades Qualifying Board (CTQB) can issue a contractor's business certificate of competency. A credit investigative agency under contract will be forwarded some of the information contained in this application in order to provide a credit report. The information below will also be reviewed by the CTQB.

**TYPE or PRINT (must be legible)**

1. \_\_\_\_\_  
 Full legal name of qualifying agent Social Security No. \_\_\_\_\_

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Home address: Street \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Date of birth \_\_\_\_\_ Marital Status \_\_\_\_\_ No. of Dependents \_\_\_\_\_

2. \_\_\_\_\_  
 Name of Business desiring to qualify

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Business Address: Street \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ Business Telephone No. \_\_\_\_\_

**The following questions pertain to the business you desire to qualify,**

3. a. Line of Business 3a. \_\_\_\_\_

b. If applicable, Federal Identification No. 3b. \_\_\_\_\_

c. How long established? 3c. \_\_\_\_\_

d. Position or Title 3d. \_\_\_\_\_

e. Nature of work 3e. \_\_\_\_\_

f. Approximate annual salary or wages from this position. 3f. \$ \_\_\_\_\_

**For the following questions, if the same employer as provided in No. 2 indicate "N/A".**

4. a. Business name of employer currently affiliated with 4a. \_\_\_\_\_

b. If applicable, Federal Identification No. 4b. \_\_\_\_\_

c. Address for employer in 4a 4c. \_\_\_\_\_

d. How long with employer? 4d. \_\_\_\_\_

5. a. If in any business on your own account, state nature and approximate net annual income. 5a. \_\_\_\_\_

b. Other income amount and source? 5b. \$ \_\_\_\_\_, Source \_\_\_\_\_

6. a. How long have you lived at your present address? 6a. \_\_\_\_\_

b. Former home address 6b. \_\_\_\_\_

c. Do you own your own home? 6c. Yes  No

d. If so, provide value? 6d. \_\_\_\_\_



e. Mortgage? 6e. Yes  No  If Yes, \$ \_\_\_\_\_

f. What other major assets do you possess? 6f. \_\_\_\_\_  
(attach additional sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_

g. What is your estimated net worth? 6g. \_\_\_\_\_

7. Work History (List names and address of last three employers and dates of employment and the position you held).

Employed From - To	Title	Employer Name	Address	Phone No.
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

\_\_\_\_\_ Account Now Active

8. CREDIT REFERENCES    ADDRESS (City and State)    YES    NO    HIGHEST BALANCE / CREDIT LIMIT

1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____/_____
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____/_____
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____/_____

9. Bank (s) (Name, Address, City & State)    Type of Account    Still Active?  
Checking    Savings    Yes    No

1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Have you as an individual, or as a member of a firm, or as an officer or director of a corporation within the past five years refused to pay valid bills? Yes  No

a. In the last five years have you or any member of the business entity, officer or director of the corporation had any connection with any organization which said person was responsible for, been adjudicated bankrupt, or is any such person or organization presently in the process of bankruptcy proceedings? Yes  No

b. Do you the qualifying agent or any member of the firm, officer or director of the corporation had any connection with any organization which said person was responsible for, have any unpaid past-due bills or claims for labor, materials or services, as a result of construction operations? Yes  No

c. c. In the last five years have you had any liens or judgments? Yes  No

d. Satisfied? Yes  No  Disposition \_\_\_\_\_  
\_\_\_\_\_

e. What other debts to your knowledge do you owe? \_\_\_\_\_  
\_\_\_\_\_

× \_\_\_\_\_  
Signature of Qualifier



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, serves 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