



Construction Trades Qualifying Board

APPLICATION FOR INACTIVE STATUS

APPLICATION FEES

INACTIVE STATUS FEE \$ 150.00

MAKE CHECK PAYABLE TO MIAMI-DADE COUNTY
REFUNDS NOT APPLICABLE FOR INACTIVE STATUS

APPLICATION SUBMITTAL

Return this application and all supporting documents (if applicable) by mail to the Miami-Dade County Building Code Compliance Office, Contractor Licensing, 140 W. Flagler Street, Suite 1603, Miami, FL 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 one of the following Contractor Licensing staff at (305) 375-2901.

Licensing Clerk
Licensing Clerk
Licensing Clerk
Licensing Clerk
Licensing Clerk
Licensing Clerk
Supervisor

Dorothy Woon
Valease Floyd
Lourdes Maytin
Alison Corvetto
Karen Jackson
DaShawn Williams
Shirley Brown

*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

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.

Construction Trades Qualifying Board AFFIDAVIT (INACTIVE STATUS)

I, _____ desire to change my current affiliation as qualifier of _____
(Name of Qualifier)
 _____ in order to place my business certificate in an INACTIVE status.
(Name of Business entity)

I further state that as a result of the operation of this contracting business, I have no personal unpaid obligations except as listed below. (If you have obligations, indicate also what arrangements have been made for payment).

I further state that the business stated above has no unpaid obligations except as listed below. (If it has obligations, indicate also what arrangements have been made for payment).

I further state that the business listed above has no outstanding incomplete contracts except as listed below.

PERMIT NO.	ADDRESS of JOB	WHAT WAS BEING BUILT	PERCENTAGE of JOB COMPLETED

If incomplete jobs, what arrangements have been made for completion?

SIGNED BY: _____

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 voluntarily 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: _____

		FOR OFFICE USE ONLY	
Yes	No	Board Fines/Fees: \$ _____	Verified by: _____ <small>(Recording Secretary)</small>
<input type="checkbox"/>	<input type="checkbox"/>	Citations _____	Verified by: _____ <small>(Code Compliance Investigator)</small>
		Comments: _____	



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. _____

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 Qualifying

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

The following questions pertain to the business you are qualifying,

3. a. Line of Business 3a. _____

b. Federal Identification No. 3b. _____

c. How long established? 3c. _____

d. Position or Title 3d. _____

e. Nature of work 3e. _____

4.

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"/>	_____/____

5.

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"/>



6. 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. 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?

x _____
Signature of Qualifier

