



**Construction Trades Qualifying Board  
APPLICATION FOR  
PERSONAL CERTIFICATION  
RETAKE EXAMINEES**

**APPLICATION FEES**

**PERSONAL APPLICATION FEES**

JOURNEYMAN AND MAINTENANCEMAN.....	\$ 240.00
MASTER AND INSTALLER.....	\$ 315.00
BUILDING/BUILDING SPECIALTIES PERSONAL CERTIFICATE.....	\$ 315.00
ENGINEERING PERSONAL CERTIFICATE.....	\$ 315.00

**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 and Neighborhood Compliance Department, Contractor Licensing, 11805 S.W. 26 Street, Room 207, Miami, FL 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 one of the following Contractor Licensing staff at (786) 315-2880.

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

Valease Spann  
Lourdes Maytin  
Karen Jackson  
DaShawn Williams  
Rafaela Castellon  
Melinda Thomas  
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

BUILDING AND NEIGHBORHOOD COMPLIANCE DEPARTMENT  
11805 S.W. 26 Street, Room 207  
Miami, FL 33175-2474

## SECTION A: to be filled out by 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".  
For retakes, complete 1 through 8.

Trade and category applying for \_\_\_\_\_

If exam category, provide exam date \_\_\_\_\_

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

**Part A**  
(TECH. PART)

**Part B**  
(BUSINESS PART)

**Part A & B**

**JOURNEYMAN**

**SPANISH**

### TRADE EXPERIENCE

- 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.  
(CURRENT EMPLOYER)

					DATE	
Company	Street	City	State	Zip	FROM: Month/Yr.	TO: Month/Yr.

In what capacity did you work, or what did you do?

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 **only** for exam categories under specific circumstances outlined in Section 10-23 of the Code of Miami-Dade County and 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

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**FOR DEPARTMENT USE ONLY**

Fee \_\_\_\_\_ Process No. \_\_\_\_\_ Clerk \_\_\_\_\_ Date \_\_\_\_\_

Is this application for a late renewal (missed more than two consecutive renewal periods) of a personal certificate?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Special Exam Provisions: \_\_\_\_\_ Applicant Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Notes \_\_\_\_\_

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**Review of PERSONAL APPLICATION**

Approved

Rejected

Board Appearance Required

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**FOR CTQB USE ONLY**

APPROVED  REJECTED

Special instructions/comments from CTQB \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_  
CTQB Member (Signature)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

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