



MONROE COUNTY BUILDING DEPARTMENT

Middle Keys/Main Office: 2798 Overseas Highway, Suite 300, Marathon, FL. 33050 (305) 289-2583

Upper Keys Office: 102050 Overseas Highway, Key Largo, FL 33070 (305) 453-8800

Lower Keys Office: 5503 College Road, Key West, Suite 203, FL. 33040(305) 295-3990

INSTRUCTIONS /APPLICATION FOR RENEWAL OF EXPIRED CERTIFICATE OF COMPETENCY

Thank you for contacting the Monroe County Building Department regarding your expired certificate of competency. Pursuant to the MCC 6-240, when the holder of a certificate of competency that has been revoked or suspended for any reason, or expired for non-payment after the time prescribed, wishes to renew or reinstate the certificate of competency, the holder of the certificate of competency shall file an application and pay the fee to the building department **within two years of the expiration date** or revocation date or suspension date and show good cause to the contractors' examining board for justification of renewal at a meeting of the contractors examining board by vote of its members.

All completed applications must be received **15 days** prior to the next available Contractor's Examining Board (CEB) meeting date. The date your application is received will determine the date that your application will be reviewed by the Contractor's Examining Board. The **certificate holder is required to attend** the board meeting. You will be notified of the next available meeting.

In order to apply for and be considered for renewal or reinstatement of an expired, suspended, or revoked certificate of competency, certificate holder shall:

1. May not have any unpaid fines or administrative fees including license fees, permit fees, fines and/or administrative fees issued by the contractors' examining board and/or citation issued by the department of code compliance.
2. Submit a \$200.00 **application fee**. Check or Money Order made payable to:
Monroe County Building Department

IF APPROVED YOU SHALL RECEIVE AN EMAIL REQUESTING THE FOLLOWING INFORMATION:

1. Proof that your company is currently ACTIVE with the State of Florida Division of Corporations, if applicable. (Obtained from www.sunbiz.org);
2. Current-issued Certificate of Insurance from an insurance company authorized to do business in the state of Florida - per F.S. 489, Pt. I & II, Public Liability Insurance in the amount applicable.
Certificate Holder: Monroe County Building Dept. 2798 Overseas Highway #300, Marathon FL. 33050
3. Current-issued Certificate of Insurance from an insurance company authorized to do business in the state for workers' compensation insurance and/or executed workers' compensation exemption card in license holder's correct discipline/trade.
4. Please note that if you wish to act as the qualifying agent for a firm that you are not an officer / authorized representative (AR) / authorized person (AP) / or authorized member (AMBR) of the company, in addition to the above requirements, you must submit the completed [Acting Qualifying Agent Authorization Form](#) with your completed application.
5. For individuals currently registered with DBPR pursuant to F.S. 489.117(1)(a), Part I, or F.S. 489.513, Part II, a copy of your current registered with DBPR is needed, if applicable.

OFFICE USE Received: _____ Staff: _____ Fee Paid: \$ _____ Date Paid: _____ Receipt #: _____ CEB Meeting: _____

CEB Approved: _____ or Denied: _____ New / Updated Contractor ID #: _____ Fee Paid: _____ Date Paid: _____



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APPLICATION FOR RENEWAL/REINSTATEMENT OF EXPIRED CERTIFICATE OF COMPETENCY

All completed applications must be received **15 days prior** to the next available Contractor's Examining Board (CEB) meeting date. The date your application is received will determine the date that your application will be reviewed by the Contractor's Examining Board. **The certificate holder is required to attend the board meeting.**

PERSONAL INFORMATION SECTION

First Name _____ Middle Initial _____ Last Name _____

Home Mailing Address _____

City _____ State _____ Zip Code _____ Cell Phone # _____

Date-of-Birth _____ Driver's License # / State _____

E-mail Address _____

BUSINESS INFORMATION SECTION

Qualifier's Role / Title in Company: _____

Name of Company to Be Qualified or Individual _____

Business Address _____

City _____ State _____ Zip _____

DBPR State Registration Number, if applicable _____

Document / Registration Number on file with the Florida Dept. of State Division of Corporations (Sunbiz) _____

IF NEW BUSINESS NAME REQUESTED LIST HERE:

Office Use: Contractor ID #: _____	NEW BUSINESS NAME: _____
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EXPIRED CERTIFICATE OF COMPETENCY INFORMATION SECTION

I hereby make application to renew my Monroe County Certificate for the category of _____

Certificate of Competency Number _____ expired on _____.

I swear and affirm that the all of the above is correct, true, and accurate to the best of my knowledge.

Applicant's Printed Name: _____

Applicant's Signature: _____

STATE OF _____
COUNTY OF _____

Sworn to & subscribed to before me this _____ day of _____, 20_____, he / she is personally known to me or has produced _____ as identification and who did (did not) take an oath.

Notary's Signature _____

Seal