



## Broward County Board of Rules and Appeals

1 N. University Drive Suite 3500B, Plantation, FL 33324

[broward.org/CodeAppeals](http://broward.org/CodeAppeals) | 954-765-4500 | [rulesboard@broward.org](mailto:rulesboard@broward.org)

---

**TO:** Broward County Building Officials

**FROM:** Dr. Ana C. Barbosa

**DATE:** September 15, 2025

**RE:** BORA 2026-2027 Recertifications

---

Enclosed is the recertification application packet for 2026-2027. All Building Departments shall be re-certified biennially by BORA. All Building Officials, Assistant Building Officials, Chief Inspectors, Plans Examiners, and Inspectors presently certified by BORA must complete and submit this recertification application. To stay certified as the Building Official, Chief Structural Inspector, Chief Electrical Inspector, Chief Plumbing Inspector, and Chief Mechanical Inspector must be employed or contracted with the department. One person may hold multiple certifications.

Building Officials, Assistant Building Officials, Chief Inspectors, Plans Examiners, and Inspectors shall obtain twenty-eight **(28) contact hours** within a **two (2) consecutive calendar year biennial renewal period**, starting January 1 in an even year, through December 31 of the following odd year. Continuing education contact hours can be completed by attending classroom or online education courses, workshops, and seminars approved by BORA, the Miami-Dade County Code Compliance Office, or the Florida Department of Business and Professional Regulation. Contact hours shall include courses approved as discipline-specific categories (courses specific to the code chapters enforced by the discipline) and non-discipline-specific categories.

### Important points:

- BORA committee meetings shall be counted as one (1) hour in the general category, and professional association meetings shall be counted as not to exceed one (1) hour in the discipline-specific category for a maximum of fourteen (14) continuing education hours.
- Individuals holding multiple certifications for Building Official or Chief are restricted to qualifying a maximum of two (2) jurisdictions unless specifically approved by the Board.
- A minimum of one-half of the twenty-eight (28) contact hours shall be in a discipline-specific category.
- 28 educational contact hours must have been completed by December 3, 2025.

Please complete and return all forms to the Board of Rules and Appeals Office by **December 4, 2025**. The application includes a Building Official Checklist, Recertification Application, License Numbers Form, Affidavit of Continuing Education, and Policy Affidavit 71-575.

If you have any questions, please call Jonda Joseph at 954-765-4500 (x9691) or any BORA Chief Code Compliance Officer.

Thank you for your time and consideration.

Building Official Checklist  
Recertification 2026-2027

For Building Official Use

Applicant: \_\_\_\_\_ Municipality: \_\_\_\_\_

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

1. ☐ Building Official Checklist
2. ☐ Recertification Application
3. ☐ License Numbers Form
4. ☐ Broward County Board of Rules and Appeals Policy #14-02
5. ☐ Complete the Affidavit of Education and submit it along with either copy of Certificates or a Department of Business and Professional Regulation printout of Continuing Education Attendance  
**Note:** At least ½ of this requirement must be discipline-specific courses.
6. ☐ Copy of State/County Contractors (MEP) Journeyman’s License or Provide State copy from State website verification

☐ Copy of Architect License

☐ Copy of Professional Engineer License
7. ☐ Copy of BCAIB (State) Code Certificates (Inspector, Plans Examiner, et cetera.) or Provide State copy from State website verification

Comments:

**Broward County Board of Rules and Appeals  
2026-2027 Recertification Application**

Municipality: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Work Email: \_\_\_\_\_

Include a copy of all the applicant's current State of Florida (FBAID, BCAIB, CILB, ECLB, and FBPE) and County licenses or certificates (Refer to Broward County Amendment Provisions, Chapter 1, Section 104.18 Recertifications).

**Please recertify me for the following disciplines(s) for which I am now certified.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Building Official          | <input type="checkbox"/> Assistant Building Official | <input type="checkbox"/> Roofing Inspector    |
| <input type="checkbox"/> Structural Chief Inspector | <input type="checkbox"/> Structural Plans Examiner   | <input type="checkbox"/> Structural Inspector |
| <input type="checkbox"/> Electrical Chief Inspector | <input type="checkbox"/> Electrical Plans Examiner   | <input type="checkbox"/> Electrical Inspector |
| <input type="checkbox"/> Plumbing Chief Inspector   | <input type="checkbox"/> Plumbing Plans Examiner     | <input type="checkbox"/> Plumbing Inspector   |
| <input type="checkbox"/> Mechanical Chief Inspector | <input type="checkbox"/> Mechanical Plans Examiner   | <input type="checkbox"/> Mechanical Inspector |

Please list below all jurisdictions and positions of Building Official, Assistant Building Official, and/or Chiefs for which you are currently serving.

Jurisdiction _____	<input type="checkbox"/> B.O.	<input type="checkbox"/> A.B.O.	<input type="checkbox"/> Chief (Discipline) _____
Jurisdiction _____	<input type="checkbox"/> B.O.	<input type="checkbox"/> A.B.O.	<input type="checkbox"/> Chief (Discipline) _____
Jurisdiction _____	<input type="checkbox"/> B.O.	<input type="checkbox"/> A.B.O.	<input type="checkbox"/> Chief (Discipline) _____

Signature of Certified Applicant _____	Date _____	Signature of Building Official _____	Date _____
--	------------	--------------------------------------	------------

**This area below is for Broward County Board of Rules and Appeals office use only.**

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

Discipline: \_\_\_\_\_ Please check one: ☐ Approved ☐ Denied

Signature: \_\_\_\_\_

Comment(s): \_\_\_\_\_

License Numbers Form  
(Applies to all positions)

Applicant Name: \_\_\_\_\_

Municipality: \_\_\_\_\_

Position: \_\_\_\_\_

List all license numbers. Check those to appear on recertification cards.

<input type="checkbox"/> CGC _____	<input type="checkbox"/> BU _____
<input type="checkbox"/> CBC _____	<input type="checkbox"/> BN _____
<input type="checkbox"/> CRC _____	<input type="checkbox"/> PX _____
<input type="checkbox"/> CCC _____	<input type="checkbox"/> SRI _____
<input type="checkbox"/> EC _____	<input type="checkbox"/> FBPE _____ (Engineer)
<input type="checkbox"/> ER _____	<input type="checkbox"/> FBAID _____ (Architect)
<input type="checkbox"/> CMC _____	<input type="checkbox"/> Broward County License _____
<input type="checkbox"/> CAC _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> CFC _____	<input type="checkbox"/> Other _____

**FOR BORA STAFF USE ONLY**

Approved By:

Chief Code  
Compliance Officer: \_\_\_\_\_

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

Please record your attendance in this log for the required 28 educational contact hours. Each entry shall be accompanied by proof of attendance and submitted to the office of the Broward County Board of Rules and Appeals with the recertification form by December 4, 2025. Printouts of the Department of Business and Professional Regulation continuing educational attendance are acceptable in lieu of certificates.

*\*\* If providing these printouts, select "attached" box, print name, municipality, sign and date form, and attach DBPR printouts.*

Applicant Name: \_\_\_\_\_ Municipality: \_\_\_\_\_

**Affidavit of Continuing Education** \*\* Attached ☐

Course Title	Date	Sponsor	Course No.	Contact Hours

I certify that, to the best of my knowledge, the above information is correct, and that I attended and received credit for these courses.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Broward County Board of Rules and Appeals Policy #14-02**

**Subject:** Policy/Affidavit to ensure compliance with Chapter 71-575, paragraph 4(b), Laws of Florida

### **POLICY/AFFIDAVIT**

Revised: 03/17/2025 | Adopted: 05/09/2014

---

#### **NOTICE**

All applicants for certification or re-certification are required to execute the following statement and to have same notarized by a duly authorized Notary. Failure to execute and have this statement notarized will prevent the certification/re-certification process from proceeding to completion.

#### **THE UNDERSIGNED HEREBY VOLUNTARILY AND KNOWINGLY STATES AS FOLLOWS:**

The undersigned has read Chapter 71-575, Section 4(b), Laws of Florida, and has had the opportunity to have the same reviewed and explained by legal counsel. Undersigned understands the terms of same and that their Certificate of Competency shall not be used to engage in free enterprise within Broward County, thereby competing against persons or firms that may do business within Broward County whose work they may also inspect, nor may they allow their Certificate of Competency to be used by another person or firm. This includes any activity, such as, but not limited to, bidding, contracting, code consulting, design, employment, plan review, special building inspections, etc. The undersigned applying for certification or recertification, affirms compliance with the aforementioned Code Section, and vouches for the truth and accuracy of all statements and answers herein by affixing their signature below. The undersigned agrees that failure to comply with the requirements of Chapter 71-575 shall be considered a material breach of the terms of certification and may result in decertification/denial of certification.

---

Printed Name and Signature of Applicant.

**State of Florida**

**SS |**

**County of Broward**

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me the above named individual who signed the foregoing instrument declaring same to be true to his knowledge and belief.

Notary-Public: \_\_\_\_\_

(Printed name and Signature of Notary Public, State of Florida)

(NOTARY SEAL)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_