

Okaloosa Department of Growth Management

Contractor License Registration/ Renewal Application

A. Contractor Information – Please Print	<input type="checkbox"/> MARK HERE IF ADDRESS CHANGE
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Contractor Name	DOB	DL# - State	
Business Name			
Mailing Address	City	State	Zip Code
Email Address			
Cell #	Work #	Home #	Fax #

B. Type of License – Mark all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Alarm | <input type="checkbox"/> Landscape Structures | <input type="checkbox"/> Residential Contractor |
| <input type="checkbox"/> Building Contractor | <input type="checkbox"/> Low Voltage | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> LP Gas | <input type="checkbox"/> Sheet Metal |
| <input type="checkbox"/> Electrical/Electrical Sign | <input type="checkbox"/> Marine | <input type="checkbox"/> Sign Non-Electrical |
| <input type="checkbox"/> Exterior Applications | <input type="checkbox"/> Master Gas Fitter | <input type="checkbox"/> Specialty Structures |
| <input type="checkbox"/> Fire Sprinkler/Extinguisher | <input type="checkbox"/> Mechanical/ Class A/ Class B | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Mobile Home Installer | <input type="checkbox"/> Swimming Pool Servicing |
| <input type="checkbox"/> House Moving | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Underground Utilities & Excavation |
| <input type="checkbox"/> Irrigation & Sprinkler | <input type="checkbox"/> Pollutant Storage | |

C. Status – Mark all that Apply
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- Active
 Retired
 Change of Status
 Certified
 Registered
 Local Specialty

D. Applicant Certification

I certify that all the information provided in this application is true and accurate, to the best of my knowledge and belief. I further acknowledge and understand that all information in this application and in my file are public record and subject to Florida Status 119.07.

I also certify that the Articles of Incorporation and/or Fictitious Name Filing as registered with the Florida Division of Corporations are active and in good standing.

Signature of license holder/agent	Date
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E. OFFICE USE ONLY

Year expiring	_____ / _____ / 2010	\$ _____	Customer Number: _____
Year expiring	_____ / _____ / 2011	\$ _____	Total Paid \$ _____
Year expiring	_____ / _____ / 2012	\$ _____	Staff Initial _____

Permit Number(s) _____ Receipt Number(s) _____

Comments: _____

Date Application Received: _____

Okaloosa County Department of Growth Management Renewal Information

Dear Active, Retired and Inactive Contractor:

When renewing your Okaloosa County Competency Card the following information will need to accompany your renewal application:

Active and Inactive Contractors:

- Completed Application
- Copy of General Liability Certificate
- Copy of Workers Compensation Certificate or Exemption Card(s)
- Copy of Current Business Tax Receipt (Available through Tax Collector's office)
- Copy of Current, Active Florida State Contractors License
- Renewal Fee

Retired Contractors:

- Completed Application
- Copy of current active or inactive Florida State Contractors License
- Renewal Fee

You are also being given the option to pay the next year in full for your convenience. Please be advised that the additional year fee is nonrefundable.

LATE FEES: During the first year of non-renewal, the late fee will be \$100.00. During the second consecutive year of non-renewal, the late fee will be \$200.00.

SPECIAL NOTICE

If you have not renewed your Okaloosa County Competency Card for two (2) consecutive years, you are hereby notified that you **must** renew or your competency card will become **PURGED**.

Okaloosa County Contractor Ordinances state, any person failing to renew a certificate for two (2) years, shall be required to reapply for a certificate in the same manner as a new applicant. This means be required to apply to the board and pass the required test(s) with a score of 75% or above.

If you have any questions, please feel free to call:

Renée Lucas at (850) 651-7526 or email her at rlucas@co.okaloosa.fl.us

(Fax number is (850) 651-7184)

*****Please mail renewals to the address below*****

**Okaloosa County Department of Growth Management
ATTN: Licensing
812 E. James Lee Blvd.
Crestview, FL 32539**

Angie Edge
Permitting/Licensing Manager
(850) 651-7534