

Okaloosa Department of Growth Management

Contractor License Registration/ Renewal Application

A. Contractor Information – Please Print				<input type="checkbox"/> MARK HERE IF ADDRESS CHANGE
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					
<input type="checkbox"/> Active	<input type="checkbox"/> Retired	<input type="checkbox"/> Change of Status	<input type="checkbox"/> Certified	<input type="checkbox"/> Registered	<input type="checkbox"/> Local Specialty

D. Applicant Certification

MAIL TO: 812 E. James Lee Blvd, Crestview, FL 32539

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	_____ / _____ / 2012	\$ _____	Customer Number: _____
Year expiring	_____ / _____ / 2013	\$ _____	Total Paid \$ _____
Year expiring	_____ / _____ / 2014	\$ _____	Staff Initial _____

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

Comments: _____

Date Application Received: _____