OKALOOSA COUNTY DEPARTMENT OF GROWTH MANAGEMENT
LETTER OF AUTHORIZATION

THIS AUTHORIZATION LETTER SUPERCEDES ALL PREVIOUS LISTS ON FILE UNLESS OTHERWISE INDICATED

I, _____ (license holder name), license holder for _____ do certify that the person(s) listed below and whose signatures appear below is/are my employee(s), partner(s), or officer(s), and are the only authorized personnel to purchase permits and/or call for inspections, and sign on my behalf.

I, the license holder, realize that I am responsible for all permits purchased under my license number and all work done under my license.

ADDITION TO EXISTING: YES/NO

Print/type name of person authorized	Check one or both to authorize		Authorized person's signature	Employee/ Partner Officer
----------	Permits	Inspections	----------	----------

I further submit that I am knowledgeable of Florida Statutes, Chapter 489. I understand that I have full responsibility for compliance with all statutes, codes, ordinances, and laws inherent in the privilege granted by issuance of such permits.

_____ DATE

_____ LICENSE HOLDER'S SIGNATURE

_____ PHONE #

If at any time the person(s) you have authorized is/are no longer employee(s), partner(s), or officer(s), you MUST notify this department in writing of all changes.

NOTARY INFORMATION

STATE OF _____ COUNTY OF _____

The above license holder, whose name is _____ personally appeared before me and is known by me OR has produced the following identification _____on this _____ day of _____ 20 ____.

_____ NOTARY'S SIGNATURE

_____ COMMISSION EXPIRES

License Form 47-0404
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