



Okaloosa County Department of Growth Management Examination Application

Customer # _____

Applicant Name: _____

Street Address: _____

City, State & Zip: _____

Telephone - Home: _____ Work: _____

Type of Exam Requested: _____

OFFICE USE ONLY

Date Received: _____ Trade: ___ B&L: ___ Exam Date: _____ Staff Name: _____

Permit #: _____ Receipt # _____

Date Received: _____ Trade: ___ B&L: ___ Exam Date: _____ Staff Name: _____

Permit #: _____ Receipt # _____

Date Received: _____ Trade: ___ B&L: ___ Exam Date: _____ Staff Name: _____

Permit #: _____ Receipt # _____

EXAM RESULTS

Trade Exam Final Score: _____ Business & Law Exam Final Score: _____