Okaloosa Department of Growth Management <u>APPLICATION FOR CERTIFIED CONTRACTORS ONLY</u>

Mark the one that applies: RENE			VAL NEW REGISTRATION			
A. Contractor Information – Please Print MARK HERE FOR ADDRESS CHANGE						
Contractor Name		D	ОВ	DL# & STATE		
Business Name						
Mailing Address		С	ity		State	Zip Code
Email Address						
Cell #	Work #			Fax #		
B. Type of License – Mark al	l that apply					
Licenses with NO FEE REQUIRED				Licenses wi	th FEE RF	OUIRED
 Alarm I &II Building Contractor Demolition Electrical Electrical Sign Gas Line Specialty General Contractor Glass & Glazing Irrigation Sprinkler Lighting Maintenance Specialty Low Voltage Marine Contractor Mechanical Class A Class B 	Roofing Sheet Met Solar Con Specialty Swimmin Swimmin Tower Sp	Storage al Contractor tal atractor Structures g Pool (Comme g Pool Servicin	g		nguisher	ler
C. Applicant Certification						
I certify that all the information provided ir acknowledge and understand that all inform also certify that the Articles of Incorpora are active and in good standing.	nation in this applica	tion and in my	file are pul	olic record and subject t	o Florida S	tatus 119.07. I
FAX: (850) 689-5088	EMAIL	: MYLI	CENS	SE@MYOK	ALOC	SA.COM
X	Contractor/Autho	rized Agent S	Signature			Date
D. OFFICE USE ONLY						
Year expiring	// //	/ 2023 / 2024 / 2025		Customer Nu Staff I Amount	nitial:	\$
Permit #	_ Receipt #]	DATE RECEIVED:		
Comments:						

When emailing, please include your company name in the 'subject' line. Please allow 7 to 10 working days upon receipt for processing. Once completed, you will receive notification via email confirming the completion of your registration or renewal.