



Okaloosa County Department of Growth Management

REGISTRATION / RENEWAL APPLICATION

Mark the one that applies: RENEWAL NEW REGISTRATION

A. Contractor Information – Please Print		<input type="checkbox"/> MARK HERE IF ADDRESS CHANGE	
Name of Contractor/License Holder	DOB	Driver License # and State	
Name of Business			
Mailing Address			
Email Address	City	State	Zip Code
Cell Number	Business Phone		

B. Type of License – Mark all that apply				
CONSTRUCTION: ___ Building ___ Demolition ___ Exterior Applications ___ General ___ Glass & Glazing ___ Marine ___ Residential ___ Roofing ___ Solar ___ Specialty Structures ___ Tower Specialty	ELECTRICAL: ___ Alarm I (Burglar & Fire) ___ Alarm II (Burglar Only) ___ Electrical (Master) ___ Electrical (Residential) ___ Electrical (Certified) ___ Electrical Sign ___ Lighting Maintenance ___ Low Voltage/Limited Energy	MECHANICAL: ___ Class A ___ Class B ___ Mechanical ___ Sheet Metal	PLUMBING: ___ Gas Line Specialty ___ Irrigation Sprinkler ___ Master Gas Fitter ___ Plumbing ___ Pollutant Storage ___ Swimming Pool Commercial ___ Swimming Pool Residential ___ Swimming Pool Servicing ___ Underground Utilities & Excavation	MISCELLANEOUS: ___ Fire Sprinkler I ___ Fire Sprinkler II ___ Fire Sprinkler III ___ Fire Sprinkler IV ___ Fire Sprinkler V ___ Fire Extinguisher ___ Liquid Petroleum ___ Mobile Home Installer

C. Applicant Certification

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

SIGN HERE:

D. OFFICE USE ONLY:	
Contractor Status: ___ Certified ___ Registered ___ Local Specialty	
Registration / Renewal Date: ___ / ___ / ___	Expiration Date: ___ / ___ / ___
Contractor #: _____	Account #: _____
Invoice #: _____	Receipt #: _____
Fee Paid: \$ _____	
Staff Initials: _____	DATE RECEIVED: ___ / ___ / ___

E. COMMENTS:
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