



Okaloosa County Department of Growth Management

REGISTRATION / RENEWAL APPLICATION

Mark the one that applies: RENEWAL NEW REGISTRATION

A. Contractor Information – Please Print 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:	ELECTRICAL:	MECHANICAL:	PLUMBING:	MISCELLANEOUS:
<input type="checkbox"/> Building	<input type="checkbox"/> Alarm I (Burglar & Fire)	<input type="checkbox"/> Class A	<input type="checkbox"/> Gas Line Specialty	<input type="checkbox"/> Fire Sprinkler I
<input type="checkbox"/> Demolition	<input type="checkbox"/> Alarm II (Burglar Only)	<input type="checkbox"/> Class B	<input type="checkbox"/> Irrigation Sprinkler	<input type="checkbox"/> Fire Sprinkler II
<input type="checkbox"/> Exterior Applications	<input type="checkbox"/> Electrical (Master)	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Master Gas Fitter	<input type="checkbox"/> Fire Sprinkler III
<input type="checkbox"/> General	<input type="checkbox"/> Electrical (Residential)	<input type="checkbox"/> Sheet Metal	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Fire Sprinkler IV
<input type="checkbox"/> Glass & Glazing	<input type="checkbox"/> Electrical (Certified)		<input type="checkbox"/> Pollutant Storage	<input type="checkbox"/> Fire Sprinkler V
<input type="checkbox"/> Marine	<input type="checkbox"/> Electrical Sign		<input type="checkbox"/> Swimming Pool Commercial	<input type="checkbox"/> Fire Extinguisher
<input type="checkbox"/> Residential	<input type="checkbox"/> Lighting Maintenance		<input type="checkbox"/> Swimming Pool Residential	<input type="checkbox"/> Liquid Petroleum
<input type="checkbox"/> Roofing	<input type="checkbox"/> Specialty		<input type="checkbox"/> Swimming Pool Servicing	<input type="checkbox"/> Mobile Home Installer
<input type="checkbox"/> Solar	<input type="checkbox"/> Low Voltage/Limited Energy		<input type="checkbox"/> Underground Utilities & Excavation	
<input type="checkbox"/> Specialty Structures				
<input type="checkbox"/> Tower Specialty				

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:
