

Okaloosa 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: <input type="checkbox"/> Building <input type="checkbox"/> Demolition <input type="checkbox"/> Exterior Applications <input type="checkbox"/> General <input type="checkbox"/> Glass & Glazing <input type="checkbox"/> Marine <input type="checkbox"/> Residential <input type="checkbox"/> Roofing <input type="checkbox"/> Solar <input type="checkbox"/> Specialty Structures <input type="checkbox"/> Tower Specialty	ELECTRICAL: <input type="checkbox"/> Alarm I (Burglar & Fire) <input type="checkbox"/> Alarm II (Burglar Only) <input type="checkbox"/> Electrical (Master) <input type="checkbox"/> Electrical (Residential) <input type="checkbox"/> Electrical (Certified) <input type="checkbox"/> Electrical Sign <input type="checkbox"/> Lighting Maintenance Specialty <input type="checkbox"/> Low Voltage/Limited Energy	MECHANICAL: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Mechanical <input type="checkbox"/> Sheet Metal	PLUMBING: <input type="checkbox"/> Gas Line Specialty <input type="checkbox"/> Irrigation Sprinkler <input type="checkbox"/> Master Gas Fitter <input type="checkbox"/> Plumbing <input type="checkbox"/> Pollutant Storage <input type="checkbox"/> Swimming Pool Commercial <input type="checkbox"/> Swimming Pool Residential <input type="checkbox"/> Swimming Pool Servicing <input type="checkbox"/> Underground Utilities & Excavation	MISCELLANEOUS: <input type="checkbox"/> Fire Sprinkler I <input type="checkbox"/> Fire Sprinkler II <input type="checkbox"/> Fire Sprinkler III <input type="checkbox"/> Fire Sprinkler IV <input type="checkbox"/> Fire Sprinkler V <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Liquid Petroleum <input type="checkbox"/> Mobile Home Installer	
C. Applicant Certification					
I certify that all the information provided in this application is true and accurate, to the best of my knowledge and belief. I further acknowledge and understand that all information in this application and in my file are public record 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.					
<div style="background-color: yellow; padding: 5px; display: inline-block;">SIGN HERE:</div>					
D. OFFICE USE ONLY:					
Contractor Status: <input type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Local Specialty Registration / Renewal Date: ____/____/____ Expiration Date: ____/____/____ Contractor #: _____ Account #: _____ Invoice #: _____ Receipt #: _____ Fee Paid: _____ Staff Initials: _____ DATE RECEIVED: ____/____/____					
E. COMMENTS:					
<div></div>					