

**OKALOOSA COUNTY DEPARTMENT OF GROWTH MANAGEMENT
LETTER OF AUTHORIZATION**

THIS AUTHORIZATION LETTER SUPERSEDES ALL PREVIOUS LISTS ON FILE UNLESS OTHERWISE INDICATED

I, _____ (license holder), License Holder for (Company Name) _____ do certify that the person(s) listed below are the **ONLY** authorized personnel to purchase permits, call for inspection and sign on my behalf.

I, the license holder, realize that I am responsible for all permits purchased under my license number and all work done under my license.

ADDITION TO EXISTING: YES/NO (Circle One)

Print/Type Name of Person Authorized	Authorized Person's Signature

I further submit that I am knowledgeable of Florida Statutes, Chapter 489 and 440. I understand that I have full responsibility for compliance with all statutes, codes, ordinances and laws inherent in the privilege granted by issuance of such permits.

License Holders Signature	_____
	DATE

	PHONE #

If any time the person(s) you have authorized is/are no longer employee(s), partner(s) or officer(s), you MUST notify this department in writing of all changes.

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical appearance or online notarization, this _____ by _____, who is personally known to me or
(Date) (Name of person acknowledging)
who has produced _____ as identification.
(Type of identification)

(Signature of person taking acknowledgment) (Name typed, printed or stamped)

(Title or Rank) (Serial Number, if any)

FORM CAN BE EMAILED TO: rlucas@myokaloosa.com