

Okaloosa Department of Growth Management

APPLICATION FOR CERTIFIED CONTRACTORS ONLY

A. Contractor Information – Please Print **MARK HERE IF ADDRESS CHANGE**

Contractor Name				DOB	DL# - State
Business Name					
Mailing Address		City	State	Zip Code	
Email Address					
Cell #	Work #	Home #	Fax #		

B. Type of License – Mark all that apply

Licenses with NO FEE REQUIRED

Licenses with FEE REQUIRED

- | | | |
|--|---|--|
| <input type="checkbox"/> Alarm I & II | <input type="checkbox"/> Pollutant Storage | <input type="checkbox"/> Fire Sprinkler |
| <input type="checkbox"/> Building Contractor | <input type="checkbox"/> Residential Contractor | <input type="checkbox"/> Fire Extinguisher |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Roofing | <input type="checkbox"/> LP Gas |
| <input type="checkbox"/> Electrical/Electrical Sign | <input type="checkbox"/> Sheet Metal | <input type="checkbox"/> Mobile Home Installer |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Solar Contractor | |
| <input type="checkbox"/> Irrigation & Sprinkler | <input type="checkbox"/> Specialty Structures | |
| <input type="checkbox"/> Low Voltage | <input type="checkbox"/> Swimming Pool | |
| <input type="checkbox"/> Marine | <input type="checkbox"/> Swimming Pool Servicing | |
| <input type="checkbox"/> Mechanical/ Class A / Class B | <input type="checkbox"/> Underground Utilities & Excavation | |
| <input type="checkbox"/> Plumbing | | |

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.**

**Form can be faxed to (850) 689-5088 or
emailed to: rlucas@myokaloosa.com**

X
Signature of license holder/agent _____ Date _____

D. OFFICE USE ONLY

Year expiring	____ / ____ / 2022	Customer Number: _____
Year expiring	____ / ____ / 2023	Staff Initial _____
Year expiring	____ / ____ / 2024	Amount Paid \$ _____
Permit # _____	Receipt # _____	
Comments: _____		
Date Received: _____		

**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.**