

Okaloosa Department of Growth Management

REGISTRATION/RENEWAL FOR REGISTERED OR SPECIALTY CONTRACTORS ONLY

A. Contractor Information – Please Print				<input type="checkbox"/>	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		
<input type="checkbox"/> Alarm I or II	<input type="checkbox"/> Landscape Structures	<input type="checkbox"/> Roofing
<input type="checkbox"/> Building Contractor	<input type="checkbox"/> Low Voltage	<input type="checkbox"/> Sheet Metal
<input type="checkbox"/> Demolition	<input type="checkbox"/> Marine	<input type="checkbox"/> Sign Non-Electrical
<input type="checkbox"/> Electrical/Electrical Sign	<input type="checkbox"/> Master Gas Fitter	<input type="checkbox"/> Specialty Structures
<input type="checkbox"/> Exterior Applications	<input type="checkbox"/> Mechanical/Class A/Class B	<input type="checkbox"/> Swimming Pool (Comm. or Res.)
<input type="checkbox"/> General Contractor	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Swimming Pool Servicing
<input type="checkbox"/> House Moving	<input type="checkbox"/> Residential Contractor	<input type="checkbox"/> Underground Utilities & Excavation
<input type="checkbox"/> Irrigation & Sprinkler		

C. Status – Mark all that Apply				
<input type="checkbox"/> Active	<input type="checkbox"/> Retired	<input type="checkbox"/> Change of Status	<input type="checkbox"/> Registered	<input type="checkbox"/> Local Specialty

D. 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.

MAIL TO: 812 E. James Lee Blvd, Crestview, FL 32539

X	
Signature of license holder/agent	Date

E. OFFICE USE ONLY

Year expiring	____ / ____ / 2019	\$ _____	Customer Number: _____
Year expiring	____ / ____ / 2020	\$ _____	Total Paid \$ _____
Year expiring	____ / ____ / 2021	\$ _____	Staff Initial _____

Competency Cards not renewed within 30 days after expiration date will be charged a \$100 late fee

Permit Number(s) _____ Receipt Number(s) _____

Comments: _____ Date Received: _____

Courtesy Renewal Notices are mailed out one (1) month prior to registration expiration date. These notices are **NOT** guaranteed and will be mailed to the address currently on file.