

# Okaloosa Department of Growth Management

## REGISTERED OR SPECIALTY CONTRACTORS ONLY

Mark the one that applies:  RENEWAL  NEW REGISTRATION

### 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

- |   |   |   |
|---|---|---|
| <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

- Active   
  Retired   
  Change of Status   
  Registered   
  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 .....	____ / ____ / 2023	\$ _____	Customer Number: _____
Year expiring .....	____ / ____ / 2024	\$ _____	Total Paid \$ _____
Year expiring .....	____ / ____ / 2025	\$ _____	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.**