

Okaloosa Department of Growth Management

REGISTERED OR SPECIALTY CONTRACTORS ONLY

Mark the one that applies: RENEWAL NEW REGISTRATION

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#	Fax#	
B. Type of License – Mark all that apply			

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

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

SIGN HERE	Contractor/Authorized Agent Signature	Date
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E. OFFICE USE ONLY

Year expiring	_____ / _____ / 2025	\$ _____	Customer Number: _____
Year expiring	_____ / _____ / 2026	\$ _____	Staff Initial: _____
Year expiring	_____ / _____ / 2027	\$ _____	Total Paid \$ _____

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.