OKALOOSA COUNTY DEPARTMENT OF GROWTH MANGEMENT

LETTER OF AUTHORIZATION

******This Authorization Letter SUPERSEDES ALL PREVIOUS LISTS on file unless otherwise indicated******

I, _____, ***LICENSE HOLDER*** for _____ (company name) do certify that the person(s) listed below are the **ONLY** authorized personnel to purchase permits, call for inspections, or sign documents on my behalf. *I, license holder for the above company, realize that I am responsible for **ALL** permits purchased under my license number and **ALL** work done under my license.*

Print/Type Name of Authorized Individual Must be Legible	Phone Number	Email Address	ADD / REMOVE Must be completed
1.			
2.			
3.			
4.			
5.			
6.			

If at 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. NO ONE can be ADDED or REMOVED without authorization from the license holder of the above stated company.

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

X_____ _____

LICENSE HOLDER'S SIGNATURE **DATE FORM SIGNED**

_____ _____

EMAIL ADDRESS **PHONE NUMBER**

STATE OF _____ **COUNTY OF** _____

The foregoing instrument was acknowledged before me by means of ☐ physical appearance or ☐ online notarization, this

_____ **by** _____**, who is personally** **(SEAL)**

(Date) **(Name of person acknowledging)**

known to me or 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)**

REV. 10-2025