



DEPARTMENT OF GROWTH MANAGEMENT
Licensing Division

Acknowledgement of Compliance Affidavit

MUST BE COMPLETED IF YOU HOLD A STATE REGISTERED OR LOCAL SPECIALTY LICENSE

Okaloosa County Ordinances are quoted here in part.

By signing this statement, I attest that:

(Initial to the left of each statement)

	I understand that my Okaloosa County Competency Card expires annually at midnight on the last day of my birth month. At renewal, I may request that a two (2) year license be issued and will expire in the same manner except every other year.
	I understand that I must renew my competency card within 30 days of the initial expiration date to avoid being charged a late fee.
	I understand that failure to renew my competency card within 30 days of the expiration date will subject me to a late fee of \$100 .
	I understand that should I cease to engage in contracting that I can place my competency card in 'Retired' status for \$75 per year as long as my state registered license remains 'current/active' or 'current/inactive' and I provide verification (except for Locally Specialty Contractors).
	I understand that failure to renew the competency card prior to time and date shall cause the competency card to expire and it is unlawful for me to engage or offer to engage or hold myself out as engaging in contracting under the competency card unless the competency card is restored or reissued.
	I understand that after two (2) years of non-renewal, that my competency card will be purged.
	I understand that failure to renew my competency card (whether active or retired) will require me to reapply for a competency card in the same manner as a new applicant and be required to apply to the appropriate Trade Board and pass the required examinations with a score of 75% or greater.

Signature of Contractor

Date Signed

STATE OF: _____ **COUNTY OF:** _____

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

notarization, this _____ by _____
(Date) (Name of person acknowledging)

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)

(October 2025)