

# Okaloosa Department of Growth Management

## REGISTRATION / RENEWAL APPLICATION

Mark the one that applies:   RENEWAL   NEW REGISTRATION

A. Contractor Information – Please Print					<input type="checkbox"/> MARK HERE IF ADDRESS CHANGE
Name of Contractor/License Holder		DOB	Driver License # and State		
Name of Business					
Mailing Address					
Email Address		City	State	Zip Code	
Cell Number		Business Phone			
B. Type of License – Mark all that apply					
<b>CONSTRUCTION:</b> ___ Building ___ Demolition ___ Exterior Applications ___ General ___ Glass & Glazing ___ Marine ___ Residential ___ Roofing ___ Solar ___ Specialty Structures ___ Tower Specialty	<b>ELECTRICAL:</b> ___ Alarm I (Burglar & Fire) ___ Alarm II (Burglar Only) ___ Electrical (Master) ___ Electrical (Residential) ___ Electrical (Certified) ___ Electrical Sign ___ Lighting Maintenance ___ Specialty ___ Low Voltage/Limited Energy	<b>MECHANICAL:</b> ___ Class A ___ Class B ___ Mechanical ___ Sheet Metal	<b>PLUMBING:</b> ___ Gas Line Specialty ___ Irrigation Sprinkler ___ Master Gas Fitter ___ Plumbing ___ Pollutant Storage ___ Swimming Pool Commercial ___ Swimming Pool Residential ___ Swimming Pool Servicing ___ Underground Utilities & Excavation	<b>MISCELLANEOUS:</b> ___ Fire Sprinkler I ___ Fire Sprinkler II ___ Fire Sprinkler III ___ Fire Sprinkler IV ___ Fire Sprinkler V ___ Liquid Petroleum ___ Mobile Home Installer	
C. 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 records and subject to Florida Status 119.07. <b>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.</b>					
<div style="background-color: yellow; display: inline-block; padding: 5px 10px; font-weight: bold;">SIGN HERE:</div>					
D. OFFICE USE ONLY:					
Contractor Status: ___ Certified ___ Registered ___ Local Specialty Registration / Renewal Date: ___/___/___ Expiration Date: ___/___/___ Contractor: _____ Invoice #: _____ Receipt #: _____ Staff Initials: _____ DATE RECEIVED: ___/___/___					
E. COMMENTS:					
_____ _____ _____					