

**OKALOOSA COUNTY DEPARTMENT OF GROWTH MANAGEMENT
LETTER OF AUTHORIZATION**

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

I, _____ (license holder), License Holder for _____ (Company Name) do certify that the person(s) listed below are the **ONLY** authorized personnel to purchase permits, call for inspections and sign on my behalf.

I, the license holder, realize that I am responsible for all permits purchased under my license number and all work done under my license.

Print/ Type Name of Person Authorized	Authorized Person's Signature	ADD or REMOVE from List – MUST BE FILLED OUT
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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

<p>X</p> <p>_____</p> <p align="center">License Holders Signature</p>	<p>_____</p> <p align="center">Date</p> <p>_____</p> <p align="center">Phone #</p>
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If 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.

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical appearance or online notarization, this _____ By _____, who is personal known to me or _____

(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)

*******EMAIL COMPLETED FORM TO: MYLICENSE@MYOKALOOSA.COM *******