

Okaloosa Department of Growth Management

APPLICATION FOR CERTIFIED CONTRACTORS ONLY

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 #	Home # Fax #

B. Type of License – Mark all that apply

Licenses with NO FEE REQUIRED

- | | |
|--|---|
| <input type="checkbox"/> Alarm I & II | <input type="checkbox"/> Pollutant Storage |
| <input type="checkbox"/> Building Contractor | <input type="checkbox"/> Residential Contractor |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Electrical/Electrical Sign | <input type="checkbox"/> Sheet Metal |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Solar Contractor |
| <input type="checkbox"/> Irrigation & Sprinkler | <input type="checkbox"/> Specialty Structures |
| <input type="checkbox"/> Low Voltage | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Marine | <input type="checkbox"/> Swimming Pool Servicing |
| <input type="checkbox"/> Mechanical/ Class A / Class B | <input type="checkbox"/> Underground Utilities & Excavation |
| <input type="checkbox"/> Plumbing | |

Licenses with FEE REQUIRED

- Fire Sprinkler
- Fire Extinguisher
- LP Gas
- 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 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.**

**Form can be faxed to (850) 651-7184 or
emailed to: rlucas@co.okaloosa.fl.us**

X

Signature of license holder/agent

Date

D. OFFICE USE ONLY

Year expiring	____ / ____ / 2018	Customer Number: _____
Year expiring	____ / ____ / 2019	Staff Initial _____
Year expiring	____ / ____ / 2020	
Permit # _____	Receipt # _____	Amount Paid \$ _____
Comments: _____		

Date Received: _____

**When emailing form, please put company name in 'subject' line of email.
Please allow 3 to 5 business days for processing whether submitting by fax or email.**