

# Okaloosa Department of Growth Management

## APPLICATION FOR CERTIFIED CONTRACTORS ONLY

<b>A. Contractor Information – Please Print</b>	<input type="checkbox"/> <b>MARK HERE IF ADDRESS CHANGE</b>
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Contractor Name	DOB	DL# - State
Business Name		
Mailing Address	City	State      Zip Code
Email Address		
Cell #	Work #	Home #      Fax #

<b>B. Type of License – Mark all that apply</b>
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**Licenses with NO FEE REQUIRED**

**Licenses with FEE REQUIRED**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Alarm I & II                  | <input type="checkbox"/> Pollutant Storage                  | <input type="checkbox"/> Fire Sprinkler        |
| <input type="checkbox"/> Building Contractor           | <input type="checkbox"/> Residential Contractor             | <input type="checkbox"/> Fire Extinguisher     |
| <input type="checkbox"/> Demolition                    | <input type="checkbox"/> Roofing                            | <input type="checkbox"/> LP Gas                |
| <input type="checkbox"/> Electrical/Electrical Sign    | <input type="checkbox"/> Sheet Metal                        | <input type="checkbox"/> Mobile Home Installer |
| <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                      |   |  |

<b>C. Applicant Certification</b>
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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@myokaloosa.com](mailto:rlucas@myokaloosa.com)**

<b>X</b>	
<b>Signature of license holder/agent</b>	<b>Date</b>

<b>D. OFFICE USE ONLY</b>
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Year expiring .....	_____ / _____ / 2018	Customer Number: _____
Year expiring .....	_____ / _____ / 2019	Staff Initial _____
Year expiring .....	_____ / _____ / 2020	Amount Paid \$ _____
Permit # _____	Receipt # _____	
Comments: _____		
Date Received: _____		

**When emailing, please include your company name in the 'subject' line.  
Please allow 7 to 10 working days upon receipt for processing. Once completed, you will receive notification via email confirming the completion of your registration or renewal.**