

# Okaloosa Department of Growth Management

## REGISTRATION/RENEWAL FOR REGISTERED OR SPECIALTY CONTRACTORS ONLY

<b>A. Contractor Information – Please Print</b>				<input type="checkbox"/>	<b>MARK HERE IF ADDRESS CHANGE</b>	
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>		
<input type="checkbox"/> Alarm I or II	<input type="checkbox"/> Landscape Structures	<input type="checkbox"/> Roofing
<input type="checkbox"/> Building Contractor	<input type="checkbox"/> Low Voltage	<input type="checkbox"/> Sheet Metal
<input type="checkbox"/> Demolition	<input type="checkbox"/> Marine	<input type="checkbox"/> Sign Non-Electrical
<input type="checkbox"/> Electrical/Electrical Sign	<input type="checkbox"/> Master Gas Fitter	<input type="checkbox"/> Specialty Structures
<input type="checkbox"/> Exterior Applications	<input type="checkbox"/> Mechanical/Class A/Class B	<input type="checkbox"/> Swimming Pool (Comm. or Res.)
<input type="checkbox"/> General Contractor	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Swimming Pool Servicing
<input type="checkbox"/> House Moving	<input type="checkbox"/> Residential Contractor	<input type="checkbox"/> Underground Utilities & Excavation
<input type="checkbox"/> Irrigation & Sprinkler		

<b>C. Status – Mark all that Apply</b>				
<input type="checkbox"/> Active	<input type="checkbox"/> Retired	<input type="checkbox"/> Change of Status	<input type="checkbox"/> Registered	<input type="checkbox"/> Local Specialty

<b>D. Applicant Certification</b>
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. <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>

**MAIL TO: 812 E. James Lee Blvd, Crestview, FL 32539**

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

<b>E. OFFICE USE ONLY</b>
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Year expiring .....	_____ / _____ / 2018	\$ _____	Customer Number: _____
Year expiring .....	_____ / _____ / 2019	\$ _____	Total Paid \$ _____
Year expiring .....	_____ / _____ / 2020	\$ _____	Staff Initial _____

**Competency Cards not renewed within 30 days after expiration date will be charged a \$100 late fee**

Permit Number(s) \_\_\_\_\_ Receipt Number(s) \_\_\_\_\_

Comments: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Courtesy Renewal Notices** are mailed out one (1) month prior to registration expiration date. These notices are **NOT** guaranteed and will be mailed to the address currently on file.