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 and whose signatures appear below is/are my employee(s), partner(s), or officer(s), and are the only authorized personnel to purchase permits and/or call for inspections, and sign on my behalf and are covered by a worker's compensation policy or hold a worker's compensation exemption with my company per Florida Statute 440.05; 440.10; 440.103(9)(15)(a)(b)

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

ADDITION TO EXISTING: YES/NO (circle one)

Print/Type Name of Person Authorized	Check One or Both to Authorize		Authorized Person's Signature	Indicate Employee Officer or Partner
---	Permits	Inspections	---	---

I further submit that I am knowledgeable of Florida Statutes, Chapter 489. 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.

_____
DATE

_____ _____
LICENSE HOLDER'S SIGNATURE **PHONE #**

<u>If at 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.</u>

NOTARY INFORMATION

STATE OF _____ COUNTY OF_____

The above license holder, whose name is _____ personally appeared before me and is known by me OR has produced the following identification _____ on this _____ day of _____, 20____.

_____ _____
NOTARY'S SIGNATURE **COMMISSION EXPIRES**

License Form 47-0404
Revised 4-23-15