



## DEPARTMENT OF GROWTH MANAGEMENT Licensing Division

### Acknowledgement of Compliance Affidavit

Okaloosa County Ordinances are quoted here in part.

**By signing this statement, I attest that:** *(Initial to the left of each statement)*

	I understand that my Okaloosa County Competency Card expires annually at midnight on the last day of my birth month. At renewal, I may request that a two (2) year license be issued and will expire in the same manner except every other year.
	I understand that I must renew my competency card within <b>30 days</b> of the initial expiration date to avoid being charged a late fee.
	I understand that failure to renew my competency card within <b>30 days</b> of the expiration date will subject me to a late fee of <b>\$100</b> .
	I understand that should I cease to engage in contracting that I can place my competency card in 'Retired' status for <b>\$75</b> per year as long as my state registered license remains 'current/active' or 'current/inactive' and I provide verification (except for Locally Specialty Contractors).
	I understand that failure to renew the competency card prior to time and date shall cause the competency card to expire and it is unlawful for me to engage or offer to engage or hold myself out as engaging in contracting under the competency card unless the competency card is restored or reissued.
	I understand that after two (2) years of non-renewal, that my competency card will be purged.
	I understand that failure to renew my competency card (whether active or retired) will require me to reapply for a competency card in the same manner as a new applicant and be required to apply to the appropriate Trade Board and pass the required examinations with a score of 75% or greater.

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date Signed

**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

SEAL: