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 worker's compensation policy or hold a worker's compensation exemption with my company and in the name as it appears on my license 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 Partner or Officer
----------	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 Holders Signature **PHONE #**

If 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.

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