

**CITY OF VALPARAISO
CONTRACTOR'S TRACKING CERTIFICATE APPLICATION**

IN ORDER TO REGISTER WITH THE CITY OF VALPARAISO, THE FOLLOWING MUST SHOW **CURRENT VALID STATE OF FLORIDA LICENSES, REGISTRATION CERTIFICATION, OR MASTER'S LICENSE:**

GENERAL CONTRACTOR
BUILDING CONTRACTOR
RESIDENTIAL CONTRACTOR
AIR CONDITIONING CONTRACTOR
(CLASS A, B, C)
ALARM SYSTEM CONTRACTOR

MECHANICAL CONTRACTOR
POOL CONTRACTOR
SHEET METAL CONTRACTOR
ELECTRICAL CONTRACTOR
ROOFING CONTRACTOR
PLUMBING CONTRACTOR

ALL OTHERS MUST SHOW PROOF OF VALID, CURRENT OKALOOSA COUNTY OCCUPATIONAL LICENSE. (Bring licenses or mail a copy.)

1. BUSINESS NAME: _____
2. STREET ADDRESS: _____
3. MAILING ADDRESS: _____
4. TELEPHONE NUMBER: _____
5. NAME OF BUSINESS OWNER: _____
ADDRESS: _____
6. **STATE CERTIFICATION, STATE REGISTRATION, MASTER CERTIFICATION:**

7. OKALOOSA COUNTY OCCUPATIONAL LICENSE NO.: _____
8. GENERAL LIABILITY INSURANCE: (A) _____
Company Name
(B) _____
Policy Number
(Bring or mail a certificate of insurance.)
WORKER COMPS (C) _____
Amount
9. TYPE OF WORK THAT WILL BE PERFORMED IN VALPARAISO:

10. WILL WORK BE COVERED BY A WRITTEN WARRANTY?

THIS IS TO CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT THE PERSON DIRECTLY SUPERVISING THE ABOVE WORK IS FAMILIAR WITH THE VALPARAISO CODE OF ORDINANCES RELATING TO SAID WORK.

Applicant

Date