



**CITY OF PORT ST. LUCIE**  
**COMPUTER MEMBER APPLICATION**  
*FOR STATE CERTIFIED CONTRACTORS - optional*  
 121 S.W. Port St. Lucie Boulevard  
 Port St. Lucie, Florida 34984  
 Phone: (772) 871-5062 Fax: (772) 871-5229  
 EMAIL: contractorlicensing@cityofpsl.com

**COMPANY INFORMATION**

COMPANY NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ CONTACT E-MAIL ADDRESS: \_\_\_\_\_

**CONTRACTOR/QUALIFIER INFORMATION ONLY**

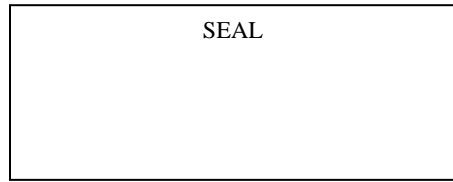
NAME: \_\_\_\_\_ QUALIFIER EMAIL ADDRESS: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 D.L. #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 DBPR LICENSE #: \_\_\_\_\_ TRADE CLASSIFICATION: \_\_\_\_\_

**SIGNATURE OF CONTRACTOR ONLY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
 by \_\_\_\_\_ who is personally known to me or has produced  
 \_\_\_\_\_ as identification, and who has not taken an oath.

\_\_\_\_\_. STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

Notary Public



- COMPLETING & SUBMITTING THIS FORM WILL:**
- Allow for access to PANDA system to;
    - Request inspections
    - Pay re-inspection fees
    - Research status of permits.
    - Your company info will be available on line for public access.
    - Your signature will be retained to allow for person(s) other than Contractor/Qualifier to submit for permits.

**REQUIRED DOCUMENTS TO BE SUBMITTED W/ APPLICATION**

*VIA: EMAIL, USPS OR IN PERSON. (by email, once received and entered, staff will call to process cc payment within 2 business days)*

1. Completed, signed/notarized application.
2. Certificate of General Liability Insurance with the City of Port St Lucie as Certificate Holder.
3. Certificate of Workers Compensation Insurance with the City of Port ST Lucie as Certificate Holder. (or W/C exempt Cert)
4. Copy of the Department of Business and Professional Regulation license (State Certification).
5. Copy of qualifier's (contractor's) drivers license.
6. Computer Member Fee of \$40.00  
 (Check payable to City of PSL) or (MC, Visa, Amex, Discover)

<b>OFFICE USE:</b>
COMPUTER MEMB #: _____ Init. _____