



**CITY OF PORT ST LUCIE  
EXAMINATION SPONSORSHIP FORM**

121 SW Port St Lucie Boulevard  
Port St Lucie, Florida 34984  
(772)871-5062 or (772) 873-6371  
(772) 871-5229 Fax Number  
contractorlicensing@cityofpsl.com

**PLEASE CHECK TRADE:**

GENERAL                       BUILDING                       HVAC  
 RESIDENTIAL                       PLUMBING                       ELECTRICAL

SPECIALTY (PLEASE FILL IN) \_\_\_\_\_

**PLEASE CHECK TESTING COMPANY:**

PROV INC www.provexam.com                       PROMETRIC www.prometric.com/florida

DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE#(\_\_\_\_) \_\_\_\_\_ CELL#(\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ EMAIL: \_\_\_\_\_

SIGNATURE OF APPLICANT ONLY: \_\_\_\_\_

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SUBMIT PAYMENT IN THE AMOUNT OF **\$150.00** TO THE CITY OF PORT ST LUCIE FOR YOUR SPONSORSHIP FEE. (Cash, Check, Visa, MasterCard or American Express accepted).

Office Use:

Receipt #: \_\_\_\_\_ Check # \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Recorded: \_\_\_\_\_