



# CITY OF PORT ST LUCIE

BUILDING DEPARTMENT  
Contractor Licensing Division



A CITY FOR ALL AGES

## LETTER OF RECIPROCITY REQUEST FORM FEE \$35.00

[Contractorlicensing@cityofpsl.com](mailto:Contractorlicensing@cityofpsl.com)

(You may email or fax completed request form. Staff will contact you for payment within 2 business days)



**YOUR REQUEST WILL BE PROCESSED AND SENT WITHIN TWO (2) BUSINESS DAYS**

### APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Date: \_\_\_\_\_

Qualifier's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

PSL Comp. Card #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### JURISDICTION

City/County Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_

### DELIVERY METHOD REQUESTED

Fax to Jurisdiction:       Mail to Jurisdiction       Pickup by Applicant

**To be completed by Staff:**

Date Pd: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date Completed: \_\_\_\_\_