



**CITY OF PORT ST. LUCIE
COMPUTER MEMBER APPLICATION**

FOR STATE CERTIFIED CONTRACTORS

121 S.W. Port St. Lucie Boulevard
Port St. Lucie, Florida 34984

Phone: (772) 871-5132 Fax: (772) 871-5229
EMAIL: contractorlicensing@cityofpsl.com

PLEASE RETURN APPLICATION WITH ALL DOCUMENTS LISTED BELOW
(all information is required)

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

SEAL:



REQUIRED DOCUMENTS TO BE SUBMITTED

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)

OFFICE USE:

COMPUTER MEMB #: _____ Init. _____