

## LETTER OF RECIPROCITY REQUEST

This application must be typewritten or legibly printed to be accepted. Please include the Letter of Reciprocity Request fee of \$55.00. (Make checks payable to Collier County Board of County Commissioners)

Qualifier Name: \_\_\_\_\_

Qualifier License Number: \_\_\_\_\_

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

Company License Number: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Requested County to Mail Letter to: \_\_\_\_\_

Mail Letter to: \_\_\_\_\_

Street

City

State

Zip

\_\_\_\_\_  
Qualifier Name (Please Print)

\_\_\_\_\_  
Qualifier Signature

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

Such person(s) Notary Public must check applicable box:

are personally known to me       has produced a current driver license

has produced \_\_\_\_\_ as identification.

**(Notary Seal)**

Notary Signature: \_\_\_\_\_