



REQUEST TO RECIPROCATATE FROM MIAMI-DADE COUNTY

Name: _____

Company's name: _____

Address: _____

State/Zip: _____

Phone #- _____

I, _____ would like a letter of reciprocity

to be sent to _____ County

Date of examination/grade: _____

Social Security #: _____

Trade (Example: Journeyman Mechanical / Master Electrical): _____

Sincerely,

(Applicant's name)

Please note that further applications and fees might be required by the reciprocating county's licensing office. Also, be aware that the reciprocity letter that you are requesting will be sent directly to the reciprocating county.

In order to expedite the process you may include any official documentation showing the exact date of exam and/or scores of exam.

Make check payable to: **Miami-Dade County** (\$21.00).