

Brevard County  
Licensing Regulation & Enforcement  
2725 Judge Fran Jamieson Way, Bldg A-105  
Viera, FL 32940  
(321) 633-2058 Fax (321) 690-6878

**Letter of Reciprocity Request Form**

**Note:** You may only reciprocate if you took an exam.

***There is no reciprocal agreement for GRANDFATHERED licenses.***

I \_\_\_\_\_, Certificate of Competency # \_\_\_\_\_, am requesting a letter of *reciprocity* to be sent to the following:

County: \_\_\_\_\_

Attention To: \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
License Holder's Signature \*\*\* **Required** \*\*\*

**Letter of Reciprocity Fee: \$25.00 \*\*** Active Current License

**Letter of Reciprocity Fee: \$40.00 \*\*** Delinquent License

**Payment Type:**

Cash     Check (payable to Brevard County BOCC)     Credit Card-Contact Name: \_\_\_\_\_

Please allow 5 – 10 business days for processing.

Keep in mind that we do accept faxed forms and credit card payments (\$2 surcharge applies). If you will be paying the reciprocity fee with a credit card, someone will call you to arrange for payment.

**Visa Customers Note:** Effective 2/2/2009 due to policy changes by the **Visa Company** the Central Cashier's office will no longer be able to accept **Visa** debit or **Visa** credit cards over-the-counter. However, we can accept your **Visa** debit and credit card payments over the phone.

Staff Only:

Payment # _____	Payment Date _____	Completed Date _____	Sent By _____
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