Requests are to be mailed to: Attn: Julia DeCocker



## **BUILDING DEPARTMENT**

## **Request for Reciprocal Letter**

St. Joseph County/City of South Bend Building Department 125 S. Lafayette Blvd. Suite 100 South Bend, IN 46601 Or emailed to: jdecocker@southbendin.gov; building@southbendin.gov Please accept this request to send my license information for reciprocation. License Type: ☐ Building ☐ Electrical ☐ HVAC ☐ Other: \_\_\_\_\_ Exam Taken: ☐ Prometric Exam Completion Date: \_\_\_\_\_ There is a \$50 fee that must be received before reciprocation is sent, paid by: ☐ Cash ☐ Check ☐ Card **Applicant Info** Name Address State Zip City Phone # **Email Address Jurisdiction Needing Info** Department Address City State Zip **Contact Name** Email Please send my reciprocal letter to the above contact via: ☐ Mail ☐ Email Signature

This request will be forwarded only on the basis that the above named individual has complied with the local jurisdiction requirements for licensing and is no way to be considered an endorsement or a recommendation of skill or abilities to contract or perform work in another jurisdiction.

Reciprocation is not guaranteed in any jurisdiction. The St. Joseph County/City of South Bend Building Department will only send the information available and cannot guarantee that all information required from another jurisdiction will be provided.