BUILDING AND ZONING DEPARTMENT 300 south 7th street Room 304, Springfield, Illinois 62701 Phone: 217-789-2171

THIS APPLICATION MUST BE RECEIVED AT THE OFFICE OF BUILDING AND ZONING (ROOM 304 MUNICIPAL CENTER WEST) BY 4:30 PM TWO DAYS PRIOR TO THE NEXT SCHEDULED ELECTRICAL COMMISSION MEETING TO BE CONSIDERED AT THAT MEETING.

Application for New Registrations

Registered Electrical Contractor	vith Springfield License, complete items 1 - 3, 6, 7 & 9 only.
Registered Electrical	<u>Contractor</u>
Name of Business:	
Address:	
City, State, Zip:	
Telephone Number:	
Electrical License	
Name of Person Licensed	
Address:	
City, State, Zip:	
Telephone Number:	
Relationship with Contract	or:
Email	Owner, Partner, Officer, (Pres. Se
Proof of Licensee's Po	sition_
If Incorporated, provide Article If LLC, provide Articles of Org	coorting licensee's position within the organization s of Incorporation or Corporate Minutes anization rovide proof of registration with Sangamon County
Out of Town License	(Required to be licensed from Illinois municipality)
Enter City:	Phone # for City:

- Attach past permits pulled to show electrical work was performed within the jurisdiction in which the license was issued
- A contractor who runs his or her business as an out of state corporation must register the out of state corporation with the Illinois Secretary of State so that it may conduct business in the State of Illinois.

5.	<u>Verification of Testing</u>	
	Was test taken to obtain Out of Town License: Yes No • Attach proof that test was passed	
6.	<u>Bond</u>	
	Attach \$5,000 Surety Bond In its Original form In favor of the City of Springfield, Illinois Issued in your business name It shall run from January 1 to December 31. It is acceptable for the bond to be dated beyond December 31.	
	Insurance Agency:	-
	Address of Agency:	
	City, State, Zip:	_
	Telephone Number:	-
7.	Fee (Check one only)	
	Registered Electrical Contractor with Springfield License \$ 45.00	
	Registered Electrical Contractor with Out-of-Town License \$ 45.00	
3.	Verification of Work Experience	

8

IMPORTANT: SHOW MINIMUM QUALIFICATIONS OF 5 YEARS EXPERIENCE WITH 2 YEARS SUPERVISORY.

Unless complete address of employer is given, it is impossible to properly process	DATES EMPLO			TYPE OF ELECTRICAL WORK
your application and will cause delay.	FROM MO/YR	TO MO/YR	# YEARS SUPER- VISORY	Conduit, Panels, Service, Motors, Etc.
COMPANY NAME:				
ADDRESS:				
CONTACT PERSON:				
PHONE NUMBER:				
COMPANY NAME:				
ADDRESS:				
CONTACT PERSON:				
PHONE NUMBER:				

ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE TYPE OF WORK

Provide documentation of the applicant's electrical work experience. Documentation <u>must</u> show 5 years of performing electrical work with 2 years of that work being supervisory.

• Attach resume with reference letters to support required experience

Insurance Company:	
Policy Number:	
please a	attach copy of policy
	fy and affirm, under penalty of perjury, that the above e. I hereby authorize the Commission and/or any City personne information.
Signed:	Date:
.,	
Company Email Address	
	partment of Building and Zoning at 217-789-2171 to obtain a p insure application is
Below are check lists to hel complete: Applying for registration with Out	p insure application is
Below are check lists to hel complete: Applying for registration with Out	p insure application is t of Town Applying for registration with
Below are check lists to helecomplete: Applying for registration with Outcense:	p insure application is t of Town Applying for registration with Springfield license: Application filled out properly
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Below are check lists to hel complete: Applying for registration with Out icense: Application filled out properly Documentation on licensee's por Current copy of Out of Town licensed Permits from where licensed Proof that test was passed Surety Bond properly dated	Applying for registration with Springfield license: Application filled out properly Documentation on licensee's position ense