

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

APPLICATION FOR SPRINGFIELD ELECTRICAL LICENSE

RETURN "APPLICATION FOR SPRINGFIELD LICENSE" COMPLETED IN FULL ALONG WITH PROOF THAT ICC MASTER ELECTRICIAN EXAMINATION - G16 HAS BEEN PASSED TO THE OFFICE OF BUILDING AND ZONING (ROOM 304 MUNICIPAL CENTER WEST). APPLICATION WILL GO BEFORE THE SPRINGFIELD ELECTRICAL COMMISSION FOR APPROVAL. ONCE APPROVED BY THE SPRINGFIELD ELECTRICAL COMMISSION AND THE \$25 FEE IS PAID A SPRINGFIELD LICENSE WILL BE GRANTED.

PLEASE PRINT AND COMPLETE THIS FORM IN INK AND ANSWER ALL QUESTIONS

Full Name: _____

Address: _____

City, State Zip: _____

Phone #: _____

Proposed Business or Firm Name: _____

Proposed Business Address: _____

Were you ever issued an electrical license? _____

Indicate where and when: _____

Has any license issued to you ever been revoked? _____

Indicate where and when: _____

Complete the following education information:

Name

Address

High School: _____ Graduated: _____

College or University: _____ yrs _____ Graduated: _____

School or other Training: _____ yrs _____ Graduated: _____

Have you ever been in business as an Electrical Contractor? _____

If so, give the trade name under which you operated: _____

Location and address of your business: _____

How long were you in business? _____

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 your application and will cause delay.	DATES EMPLOYED			TYPE OF ELECTRICAL WORK	
	FROM MO/YR	TO MO/YR	# YEARS SUPERVISORY	Conduit, Panels, Service, Motors, Etc.	
COMPANY NAME:					
ADDRESS:					
CONTACT PERSON:					
PHONE NUMBER:					
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 **must** show 5 years of performing electrical work with 2 years of that work being supervisory.

Attach resume with reference letters to support required experience

I, the undersigned, certify that the above information is accurate to the best of my knowledge and I hereby authorize the Commission and/or City Personnel to inquire into any of the above information.

Signed: _____ Date: _____
Applicant's Signature

Email address _____

please print clearly

Application fee of \$25 shall be submitted with this application