



## COMMERCIAL ELECTRICAL LICENSE APPLICATION

**BUSINESS INFORMATION**  check here to make primary contact\*

Business Name

Business Street Address

City, State, Zip

Business Phone Number

Business Email

**APPLICANT INFORMATION**  check here to make primary contact\*

Applicant Name

Applicant Street Address

City, State, Zip

Applicant Phone Number

Applicant Email

\*Primary Contact will receive all correspondence related to this license from the city. This is who the city will send the licenses, renewal notices, and other correspondence. Licenses and Renewal Notices will be emailed unless no email is listed or we are told otherwise.

### PLEASE CHOOSE THE LICENSE YOU ARE APPLYING FOR:

**Commercial/Industrial Electrical Contractor's License (ECC) - \$200.00**

**Check applicable boxes (at least one box must be checked to meet criteria; proof must be submitted):**

- I have been engaged in the practice of electrical construction for an aggregate of ten (10) years.
- I hold a diploma from a four (4) year electrical engineer college/university and have been engaged in the practice of electrical construction for an aggregate of six (6) years.
- I passed the required examination for the particular license sought.

**Commercial/Industrial Electrician's License (ECE) - \$50.00**

**Check applicable boxes (at least one box must be checked to meet criteria; proof must be submitted):**

- I have been engaged in the practice of electrical construction for an aggregate of five (5) or more years and have obtained a certification from a person holding a commercial/industrial electrical contractor's license that the applicant has the experience and knowledge to qualify for a commercial/industrial electrician's license.
- I passed the required examination for the commercial/industrial electrician's license.

**PAST EMPLOYMENT HISTORY**

Past Employer

Job Title

City, State, Zip

Work Phone

**Dates of Employment**

From Month/Year

To Month/Year

Total Hrs./Week

Total Hrs./Year

**Detail of Work Performed (Attach documents/letters/verification)**

**PAST EMPLOYMENT HISTORY**

Past Employer

Job Title

City, State, Zip

Work Phone

**Dates of Employment**

From Month/Year

To Month/Year

Total Hrs./Week

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**Detail of Work Performed (Attach documents/letters/verification)**

**PAST EMPLOYMENT HISTORY, cont.**

Past Employer

Job Title

City, State, Zip

Work Phone

**Dates of Employment**

From Month/Year

To Month/Year

Total Hrs./Week

Total Hrs./Year

**Detail of Work Performed (Attach documents/letters/verification)**

**PAST EMPLOYMENT HISTORY, cont.**

Past Employer

Job Title

City, State, Zip

Work Phone

**Dates of Employment**

From Month/Year

To Month/Year

Total Hrs./Week

Total Hrs./Year

**Detail of Work Performed (Attach documents/letters/verification)**

**RECIPROCITY LICENSING**

NAME	CURRENT, VALID & UNRESTRICTED LICENSE #	CITY OR JURISDICTION

I understand I am required to attach a copy of laws and rules in effect in the city or jurisdiction in which the license was issued which shows that their standards are equivalent to or greater than the standards in effect in Lafayette, IN.

I understand I am required to attach official written verification directly from the other city or jurisdiction that the license is active and in good standing.

**EDUCATION AND TRAINING**

EDUCATION AND TRAINING	FROM MONTH/YEAR	TO MONTH/YEAR	ELECTRICAL COURSES COMPLETED

This application must be signed and dated. Signature indicates the information is complete and accurate. Sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false. Applicant is responsible for maintaining current license information.

If applicable, proof of current General Liability Insurance in the minimum amount of Two Hundred Fifty Thousand Dollars (\$250,000.00) is submitted (only required for Contractor’s Licenses).

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date