



TEMPORARY 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:

Temporary Permit (Issued for 30 days) - \$25.00

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

(1) I hold a valid license from a town, city, or municipality and can show satisfactory completion of a BAT approved electrical apprenticeship program; (2) I am an employee of a contractor who holds a commercial/industrial or residential electrical contractor's license; (3) I understand this permit is temporary and will expire after thirty (30) days; and (4) may be renewed before the permit expires for two (2) additional thirty (30) day periods.

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

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)

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