

<b>ELECTRICAL CONTRACTOR or ELECTRICAL INSPECTOR APPLICATION</b> <i>(PLEASE TYPE OR PRINT)</i>	CITY OF PHILADELPHIA DEPARTMENT OF LICENSES AND INSPECTIONS CUSTOMER CARE UNIT PUBLIC SERVICE CONCOURSE MUNICIPAL SERVICES BUILDING PHILADELPHIA, PA 19102	DATE  LICENSE NO. (For Dept. Use Only)
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*Pursuant to the Philadelphia Building and Occupancy Code, I hereby apply for license in the City of Philadelphia, and I submit the following statement of my experience and qualifications.*

BUSINESS INFORMATION			
FIRM NAME	ADDRESS	TELEPHONE	
TYPE OF BUSINESS			
INDIVIDUAL PROPRIETORSHIP	PARTNERSHIP	CORPORATION	
EMPLOYER IDENTIFICATION NUMBERS CITY	STATE	FEDERAL	PHILA. BUSINESS PRIVILEGE LICENSE NO.
PUBLIC LIABILITY INSURANCE CARRIER <i>(Attach Certificate of Insurance)</i>		POLICY NUMBER	AMOUNT
WORKMAN'S COMPENSATION INSURANCE CARRIER <i>(Attach Certificate of Insurance)</i>		POLICY NUMBER	

APPLICANT INFORMATION			
NAME (LAST)		NAME (FIRST)	E-MAIL ADDRESS
HOME ADDRESS		CITY	STATE ZIP CODE
HOME TELEPHONE NUMBER ( )	CELL TELEPHONE NUMBER ( )	PAGER NUMBER ( )	FAX NUMBER ( )
BIRTH DATE	SOCIAL SECURITY NUMBER		STATE DRIVER'S LICENSE NUMBER

EDUCATION AND TRAINING							
SCHOOLS ATTENDED	MAJOR OR SPECIALTY	DATES ATTENDED/YEARS COMPLETED				DEGREES OR CERTIFICATES	
		FROM	TO	DAY	NIGHT	DATE	TITLE
HIGH SCHOOL							
COLLEGE							
TECH. SCHOOL							

**ELECTRICAL CONTRACTOR**  
**NOTE:** If Applicant has less than 4 (four) years of PRACTICAL EXPERIENCE IN ELECTRICAL CONTRACTING WORK, a transcript of schooling in Electrical Training must be attached.

**ELECTRICAL INSPECTOR**  
**NOTE:** If Applicant has less than 6 (six) years of PRACTICAL EXPERIENCE IN ELECTRICAL CONTRACTING WORK, a transcript of schooling in Electrical Training must be attached.

APPROVED BY:	DATE:
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**STATEMENT OF ELECTRICAL WORK EXPERIENCE FOR THE PAST 10 (Ten) YEARS.**  
 (Last Job First - work history will be verified)

NAME OF EMPLOYER	KIND OF BUSINESS		
ADDRESS	FROM	TO	POSITION HELD

DESCRIBE YOUR DUTIES AND RESPONSIBILITIES *(List name and title of immediate supervisor, contact telephone number, and/or reference letter)*

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ADDRESS	FROM	TO	POSITION HELD

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*I further certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein I am subject to the possible revocation of any licenses issued as a result of my false application, and such other penalties as may be prescribed by law.*

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*(Signature of applicant)*

**IMPORTANT: A NON-REFUNDABLE FEE OF \$60.00 MUST ACCOMPANY EACH APPLICATION. DO NOT SEND CASH. MAKE ALL CHECKS AND MONEY ORDERS PAYABLE TO: THE CITY OF PHILADELPHIA. Attach three (3) small passport type color photographs of applicant.**