

ELECTRICAL CONTRACTOR or ELECTRICAL INSPECTOR APPLICATION <i>(PLEASE TYPE OR PRINT)</i>	CITY OF PHILADELPHIA DEPARTMENT OF LICENSES AND INSPECTIONS ELECTRICAL UNIT PUBLIC SERVICE CONCOURSE MUNICIPAL SERVICES BUILDING PHILADELPHIA, PA 19102	DATE LICENSE NO. <i>(For Dept. Use Only)</i>
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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 <input type="checkbox"/> INDIVIDUAL PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION		
EMPLOYER IDENTIFICATION NUMBERS CITY	STATE	FEDERAL
PUBLIC LIABILITY INSURANCE CARRIER <i>(Attach Certificate of Insurance)</i>		POLICY NUMBER
WORKMAN'S COMPENSATION INSURANCE CARRIER <i>(Attach Certificate of Insurance)</i>		POLICY NUMBER
		PHILA. BUSINESS PRIVILEGE LICENSE NO. AMOUNT

APPLICANT INFORMATION

NAME (LAST)		(FIRST)	
HOME ADDRESS	CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER ()	CELL TELEPHONE NUMBER ()	PAGER 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:

**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)*

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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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)*

I hereby 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 statement herein I am subject to such penalties as may be prescribed by law or ordinance.

(Signature of applicant)

IMPORTANT: A FEE OF \$50.00 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.