

**BUILDING AND ZONING DEPARTMENT  
300 south 7<sup>th</sup> 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Has any license issued to you ever been revoked?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? \_\_\_\_\_

### **References:**

Please list 3 references and include a letter of recommendation from each.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Testing:**

Please attach proof of having passed the ICC Master Electrician Exam.

