

**City of Spirit Lake
APPLICATION FOR ELECTRICAL LICENSE**

Please indicate the appropriate license for your company and complete the individual requirements. **CHECK ONE:** Original (), Renewal ()
Please print all information and submit documentation with application.

I. Select Contractor license:

_____ \$50.00 - Electrical Contractor License
_____ \$50.00 - Residential Electrical Contractor License

Company Name: _____ Phone: _____
Address: _____ Fax: _____
_____ E-Mail: _____

**Name of Principal
Or Supervisor:** _____ Master Qualification
Apply. **Submit qualifications and work history. Renewals require update
certifications.**

II. List Individual Information:

Indicate license applying for and list name and address of applicant. License:
Master (M), Electricians (J), Residential Electrician (RJ), Apprentice Registration (A)
M,J,RJ,A Name Home Address

1. _____
2. _____
3. _____
4. _____
5. _____

(If additional space is required, please attach separate sheet)

Cost: Master-\$25.00, Electricians-\$25.00, Residential Electricians-\$25.00,
Apprentice, One-Time, \$25.00. **Submit qualifications and work history.
Renewals require update certifications.**

III. Submit Payment:

Enclosed is remittance for Sections I & II in the sum of \$_____.

Signature of Owner

Please return this completed application form and your remittance **payable to the
City of Spirit Lake, to:**

City of Spirit Lake ** 1803 Hill Ave. ** Spirit Lake, IA 51360 ** 712-336-1871

APPLICATION FOR LICENSE

Spirit Lake Electrical Board of Examiners

CITY OF SPIRIT LAKE

Code & Ordinance Enforcement Department
1803 Hill Avenue
Spirit Lake, Iowa
(712)-336-1871
FAX (712)-336-3854

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

1. This application must be typewritten or printed in ink.
2. Complete all spaces provided. If the Question does not apply, write "none" in the space.
3. Sign the application in front of a notary public.
4. Accompany this application with the appropriate fee as indicated on the application.
5. Accompany this application with written statements from present and previous employers which must state: a) dates of employment; b) number of hours worked during employment; and, c) extent of work performed during employment.
6. Reciprocity applicants — accompany this application with a photo-copy of your current license from the state in which you are licensed and disregard instruction #5.
(MN, ND, MT, CO RESIDENTS ONLY) (Includes South Dakota License)
7. Applicants for apprentice licenses may disregard instructions #5 and #6.

NOTE: FAILURE TO COMPLY WITH ALL INSTRUCTIONS WILL CAUSE APPLICATION TO BE RETURNED!

NAME _____ DATE _____

SOCIAL SECURITY NUMBER (_____) RES. PHONE NUMBER _____

RESIDENCE ADDRESS _____

Street Number County City State Zip Code

YOUR AGE _____ YOUR DATE OF BIRTH _____ YOUR PLACE OF BIRTH _____

Mo. Date Year City State

PRESENT EMPLOYER _____ WORK PHONE NUMBER _____

EMPLOYED AS _____

ADDRESS OF EMPLOYER _____

LICENSE APPLYING FOR:

_____ Master Electrician

_____ Electrician's (Journeyman-Level)

_____ Residential Electrical Contractor License

_____ Temporary Work Permit – One Time

_____ Apprentice Electrician & Apprentice
Residential Electrician Registration – One Time

<input type="checkbox"/>	
<input type="checkbox"/>	NEED BOARD SIGNING
<input type="checkbox"/>	SEND REFERENCES ()

REFERENCES

List at least three (3) persons actively engaged in the electrical industry that you have worked under.

Name _____	Name _____
Address _____	Address _____
Occupation _____	Occupation _____
Name _____	Name _____
Address _____	Address _____
Occupation _____	Occupation _____

ELECTRICAL EMPLOYMENT RECORD

IMPORTANT	DATES EMPLOYED		TYPE	ELECTRICAL WORK
Unless complete address of employer is given, it is impossible to properly process your application and will cause delay. PREVIOUS AND PRESENT EMPLOYERS	From Month Year	To Month Year		
		Present		
Name _____				
Address _____				
Name _____	From	To		
Address _____				
Name _____	From	To		
Address _____				

IF THIS APPLICATION IS APPROVED BY THE COMMISSION YOU WILL BE NOTIFIED WHEN TO TAKE YOUR EXAMINATION.

EVERY APPLICATION MUST BE SIGNED AND NOTARIZED

State of Iowa, County of _____, I, _____ (Signature of Applicant)

being duly sworn, depose and say that my statements herein submitted are true, and that all additional evidence of eligibility attached hereto I believe to be true.

Subscribed and sworn before me this _____ day of _____ 20__

Notary Public

Signature of Applicant

My Commission expires _____

SEAL

Have you ever carried an Electrician's License? _____ If so, where? _____

State the type or grade of License _____ In force, from 19 ____ to 19 ____

Was the License obtained by examination? _____ Have you ever had a
 Electrician's License revoked? _____ By whom? _____

If so, give reasons _____

Have you previously been examined for an Electrician's License by this Board? _____

Approved

If so, state type, and results of examination _____ Disapproved

Have you previously made application for a City of Spirit Lake Electrical License? _____

SCHOOL RECORD

Education: Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Are you a graduate of a Electrical Course of an accredited University or College? _____

Give degree _____ Year _____ Name of School _____

Address of School _____

Are you a graduate of a Electrical Trade School? _____

Name of above School _____

Address of above School _____

State other courses of Electrical Study, if any _____

Name and address of above _____

EMPLOYMENT DATA

Be sure that you break down your experience according to each classification.

CLASSIFICATION	EXPERIENCE					
	As Apprentice		As Journeyman		As Contractor	
	Months	Years	Months	Years	Months	Years
Residential Electrician						
Commercial & Industrial Electrician						
Farmstead Electrician						
Electrical Maintenance & Repair						
Utility Service Electrical Work						
Appliance Installation						
List Other Elec. Work						
Planning & laying out for						
Mobile Home Electrical Work						
	TOTAL YEARS		TOTAL YEARS		TOTAL YEARS	

