



CITY OF NIAGARA FALLS, NEW YORK

APPLICATION FOR A MASTER ELECTRICIAN'S LICENSE

THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND IN DETAIL

This Application Shall on File at the Office of This Board at Least 90 Days Previous to Date of Examination

REQUIRED WHEN APPLICATION IS SUBMITTED NO LATER THAN JUNE 30:

1. A CHECK IN THE AMOUNT OF \$125.00 MADE PAYABLE TO **CITY OF NIAGARA FALLS AFTER THE BOARD APPROVES YOUR APPLICATION.**
2. THERE MAY BE AN ADDITIONAL FEE REQUIRED ON EXAM DATE
3. BACKUP DOCUMENTATION MUST BE ATTACHED TO APPLICATION FOR ALL WORK/EDUCATION EXPERIENCE LISTED ON APPLICATION
4. MAIL APPLICATION TO: CITY OF NIAGARA FALLS, DEPARTMENT OF CODE ENFORCEMENT, P.O. BOX 69, NIAGARA FALLS, NY 14302, TELEPHONE: 716-286-4450

Name _____ Phone _____ Date _____

Residence Address _____
Street No. City State Zip

Mailing Address _____
Street No. City State Zip

Present Employer _____

Address of Employer _____

Are you at least 18 years of age? _____

Have you ever carried an Electrical License? _____ If so, where? _____

State the type or grade of License _____

Was the license obtained by examination? _____ Have you ever had an
Electrical License revoked? _____ By Whom? _____

If so, give reasons _____

Have you previously been examined for an Electrical License by this Board? _____

If so, state type, and results of examination _____

SPACE BELOW RESERVED FOR BOARD

APPROVED

DISAPPROVED

SCHOOL RECORD

Are you a graduate of a four year electrical course of an accredited University or College? _____

Degree _____ Year _____ Name of School _____

Address of School _____

Are you a graduate of an Electrical Trade School? _____

Name of above school _____

Address of above school _____

State other courses of Electrical Study, if any _____

Name and address of above _____

REFERENCES

Name _____ **Name** _____

Address _____ **Address** _____

Occupation _____ **Occupation** _____

Name _____ **Name** _____

Address _____ **Address** _____

Occupation _____ **Occupation** _____

ELECTRICAL EMPLOYMENT RECORD

	DATES EMPLOYED		TYPE OF ELECTRICAL WORK
	FROM MONTH YEAR	TO MONTH YEAR	
<p>IMPORTANT: Unless complete address of employer is given, it is impossible to properly process your application and may cause delay.</p> <p>PREVIOUS & PRESENT EMPLOYERS</p>			
Name			
Address			
Name			
Address			
Name			
Address			
Name			
Address			
Name			
Address			
Name			
Address			
<p>IF THIS APPLICATION IS APPROVED BY THE BOARD, YOU WILL BE NOTIFIED WHEN TO TAKE YOUR EXAMINATION</p>			

I hereby swear that the foregoing statements are true and correct to the best of my knowledge and belief.

_____ Date

_____ Signature of Applicant

