



# Application for Registration as Electrical Contractor

REGISTRATION FEE OF \$25.00 OR EXAMINATION FEE OF \$100.00 MUST ACCOMPANY THIS APPLICATION

This form must be correctly filled out and all questions answered. Answers must be in ink. When completed, this form must be presented to the Office of the Building Official, City Hall, 201 East Jefferson Ave, Effingham, IL 62401.

Phone: (217) 342-5300, email: [jbudde@effinghamil.com](mailto:jbudde@effinghamil.com)

1. Applicant's name:	_____
2. Company name or DBA:	_____
3. If co-partnership, give names of all partners.  If a corporation, give names of president, vice-president, secretary & treasurer.	_____ _____ _____
4. Is the applicant registered in any other City? If yes, name the municipality and attach a copy of the certificate.	_____
5. Home Address:  Business Address:  Email:	_____ _____ _____
6. Cell phone number:  Business phone number:	_____ _____
7. State class of electrical work in which the applicant desires to engage, such as: General Electrical, Fixtures, Signs, Elevators, Solar, etc.	_____
8. State number of years of electrical experience:	_____

Application & Fee Received:

Date: \_\_\_\_\_

Date Tested: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

Score: \_\_\_\_ Passed: \_\_\_\_ Failed: \_\_\_\_

\_\_\_\_\_  
Chief Electrical Inspector