CITY OF WHITING
ELECTRICAL CONTRACTOR TEST APPLICATION

NAME OF APPLICANT _____DATE_____

NAME OF COMPANY AS IT WILL APPEAR ON LICENSE:

_____

BUSINESS ADDRESS _____

CITY _____STATE _____ZIP CODE_____

BUSINESS PHONE _____CELL PHONE _____

CONTACT PERSON_____PHONE #_____

LIST OF OTHER MUNICIPALITIES YOU ARE LICENSED IN AND HOW LONG?

1._____

2._____

3._____

4._____

THERE IS A $40.00 TEST FEE WHICH MUST BE SUBMITTED WITH APPLICATION.

SIGNATURE OF APPLICANT_____

TEST DATE:_____