

*****THERE IS AN ANNUAL FEE FOR ALL ELECTRICAL LICENSES*****

PLEASE FOLLOW THESE STEPS AND SUBMIT YOUR APPLICATION TO
CITY OF ALLENTOWN ELECTRICAL BOARD

****IF ANY OF THE FOLLOWING ARE MISSING YOUR**
APPLICATION WILL NOT BE REVIEWED**

1. **Complete ALL portions of the application - A SIGNATURE AND NOTARIZATION IS REQUIRED ON THE LAST PAGE OF THE WORK EXPERIENCE PAGE**
2. Submit application with copies of diplomas, degrees, etc.
3. Submit a copy of your U.S. Driver's license or government photo ID
4. Include with your application a **\$50 NON-REFUNDABLE** application fee. **PLEASE MAKE CHECKS PAYABLE TO: CITY OF ALLENTOWN - MAIL OR BRING YOUR APPLICATION TO :**

CITY OF ALLENTOWN

435 W HAMILTON ST

ALLENTOWN PA 18101

ATTENTION: MIRIAM POCHE - 4TH FLOOR

DO NOT REGISTER TO TAKE YOUR EXAM UNTIL YOU RECEIVE
CONFIRMATION OF APPROVAL FROM THE CITY OF ALLENTOWN
ELECTRICAL BOARD

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:

MIRIAM POCHE - ELECTRICAL BOARD SECRETARY (610) 437-7592 EXT 2700

IF YOUR APPLICATION IS APPROVED YOU WILL RECEIVE A LETTER IN THE MAIL WITH INSTRUCTIONS ON HOW TO ARRANGE TO TAKE YOUR EXAM – YOU WILL CHOOSE THE EXAM YOU HAVE APPLIED TO TAKE BY THE FOLLOWING EXAM CODES :

NATIONAL STANDARD MASTER F16

NATIONAL STANDARD RESIDENTIAL F18

NATIONAL STANDARD JOURNEYMAN F17

- **YOU WILL KNOW THE RESULTS OF YOUR EXAM IMMEDIATELY UPON COMPLETION**
- **UPON SUCCESSFUL COMPLETION OF YOUR EXAM YOU WILL NEED TO BRING THE RESULTS INTO THE CITY OF ALLENTOWN, 4TH FLOOR**

TELE-COMMUNICATION LICENSE AN EXAM IS NOT REQUIRED – SUFFICIENT WORK HISTORY AND KNOWLEDGE MUST BE PROVIDED ON YOUR LICENSE APPLICATION TO BE APPROVED FOR THIS LICENSE

- **IF YOUR APPLICATION IS DENIED YOU WILL RECEIVE A LETTER IN THE MAIL STATING REASON(S) WHY AND YOU MAY BE GIVEN AN EXTENDED PERIOD OF TIME UNTIL THE NEXT ELECTRICAL BOARD MEETING TO PROVIDE ANY FURTHER INFORMATION THAT MAYBE NEEDED TO MAKE A DECISION ON YOUR APPLICATION**

CITY OF ALLENTOWN ELECTRICAL LICENSE APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE** _____

HOME PHONE _____ **CELL PHONE** _____

DATE OF BIRTH _____ **E-MAIL** _____

PLEASE INDICATE WHICH ELECTRICAL LICENSE YOU ARE APPLYING FOR

MASTER F16

RESIDENTIAL F18

JOURNEYMAN F17

TELE-COMMUNICATION

CITY OF ALLENTOWN ELECTRICAL LICENSE QUALIFICATIONS

- 1. ALL APPLICANTS MUST BE OVER 21 YEARS OLD**
- 2. ALL APPLICANTS MUST BE A HIGH SCHOOL GRADUATE OR HAVE A G.E.D. EQUIVALENT**
- 3. MASTER EXAM APPLICANTS MUST HAVE ATLEAST FOUR (4) YEARS OF PRACTICAL EXPERIENCE – ALL EXPERIENCE MUST BE LISTED ON WORK EXPERIENCE PAGE**
- 4. RESIDENTIAL EXAM APPLICANTS MUST HAVE ALEAST TWO (2) YEARS OF PRACTICAL EXPERIENCE – ALL EXPERIENCE MUST BE LISTED ON WORK EXPERIENCE PAGE**
- 5. JOURNEYMAN EXAM APPLICANTS MUST HAVE ATLEAST FOUR (4) YEARS OF PRACTICAL EXPERIENCE – ALL EXPERIENCE MUST BE LISTED ON WORK EXPERIENCE PAGE**
- 6. TELE-COMMUNICATION APPLICANTS MUST PROVIDE SUFFICIENT PROOF OF EXPERIENCE ON THE WORK EXPERIENCE PAGE**

EDUCATION AND TRAINING

HIGH SCHOOL ATTENDED : _____

ADDRESS OF SCHOOL : _____

DATES ATTENDED : _____ **MAJOR :** _____

DEGREE/CERTIFICATE; _____

HIGH SCHOOL ATTENDED : _____

ADDRESS OF SCHOOL : _____

DATES ATTENDED : _____ **MAJOR :** _____

DEGREE/CERTIFICATE; _____

HIGH SCHOOL ATTENDED : _____

ADDRESS OF SCHOOL : _____

DATES ATTENDED : _____ **MAJOR :** _____

DEGREE/CERTIFICATE; _____

HIGH SCHOOL ATTENDED : _____

ADDRESS OF SCHOOL : _____

DATES ATTENDED : _____ **MAJOR :** _____

DEGREE/CERTIFICATE: _____

WORK EXPERIENCE

NAME OF PRESENT EMPLOYER: _____

EMPLOYER ADDRESS: _____

NAME OF SUPERVISOR : _____

CONTACT PHONE NUMBER: _____

DATE FROM: _____ **TO DATE:** _____

DESCRIPTION OF DUTIES: PLEASE BE VERY SPECIFIC AND DETAILED – YOU MAY ADD AN EXTRA SHEET OF PAPER AND ATTACH IT IF NEEDED

NAME OF PREVIOUS EMPLOYER: _____

EMPLOYER ADDRESS: _____

NAME OF SUPERVISOR : _____

CONTACT PHONE NUMBER: _____

DATE FROM: _____ **TO DATE:** _____

DESCRIPTION OF DUTIES: PLEASE BE VERY SPECIFIC AND DETAILED – YOU MAY ADD AN EXTRA SHEET OF PAPER AND ATTACH IT IF NEEDED

NAME OF PREVIOUS EMPLOYER: _____

EMPLOYER ADDRESS: _____

NAME OF SUPERVISOR : _____

CONTACT PHONE NUMBER: _____

DATE FROM: _____

TO DATE: _____

DESCRIPTION OF DUTIES: PLEASE BE VERY SPECIFIC AND DETAILED – YOU MAY ADD AN EXTRA SHEET OF PAPER AND ATTACH IT IF NEEDED

NAME OF PREVIOUS EMPLOYER: _____

EMPLOYER ADDRESS: _____

NAME OF SUPERVISOR : _____

CONTACT PHONE NUMBER: _____

DATE FROM: _____

TO DATE: _____

DESCRIPTION OF DUTIES: PLEASE BE VERY SPECIFIC AND DETAILED – YOU MAY ADD AN EXTRA SHEET OF PAPER AND ATTACH IT IF NEEDED

State of Pennsylvania

County of Lehigh

City of Allentown

The undersigned agrees to be governed in all respects by the rules and regulations which are or may be adopted by the City of Allentown, and will pay all fines imposed upon the applicant for the violations of any of the Ordinances of the City of Allentown and that said license may be revoked upon the applicant failing to comply with such rules and regulations or such Ordinances as may now or hereafter be adopted. I understand that once a license is issued, I must pay an annual fee to keep my license in active status. I understand upon written request the City of Allentown may hold said license in escrow for a period of five (5) years, during which time, I may not perform any work which would require said license. I understand that payment of the examination fees does not waive the requirement to pay the annual renewal fee. I understand that I am responsible for informing the City of Allentown of any address changes in a timely manner, if I expect to receive the annual renewal invoice and any special communications. I understand that even if I pass the examination, certification will be denied if I cannot meet the requirements contained in the city of Allentown Ordinances.

FAILURE TO RENEW YOUR LICENSE WILL RESULT IN YOUR LICENSE BEING REVOKED.

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to such penalties as may be prescribed by law / ordinance.

(Must be signed in presence of Notary Public)

Date

Signature

Sworn to before me this ____ day of _____, 20__