



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**



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

**PLEASE FOLLOW THESE STEPS AND SUBMIT YOUR APPLICATION TO THE
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: NANCY REYES-HICKS - 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:
NANCY REYES-HICKS - ELECTRICAL BOARD SECRETARY 610-437-7592**



CITY OF ALLENTOWN ELECTRICAL LICENSE APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIPCODE** _____

HOME PHONE _____ **CELL PHONE** _____

DATE OF BIRTH _____ **EMAIL** _____

PLEASE INDICATE WHICH ELECTRICAL LICENSE YOU ARE APPLYING FOR

MASTER W_16N

RESIDENTIAL W_18

JOURNEYMAN W_17N

TELE-COMMUNICATION



EDUCATION AND TRAINING

HIGH SCHOOL ATTENDED: _____

ADDRESS OF SCHOOL: _____

DATES ATTENDED: _____ MAJOR _____

DEGREE/ CERTIFICATE: _____

SCHOOL ATTENDED: _____

ADDRESS OF SCHOOL: _____

DATES ATTENDED: _____ MAJOR _____

DEGREE/ CERTIFICATE: _____

SCHOOL ATTENDED: _____

ADDRESS OF SCHOOL: _____

DATES
ATTEND _____ MAJOR _____

DEGREE/ CERTIFICATE: _____

SCHOOL ATTENDED: _____

ADDRESS OF SCHOOL: _____

DATES
ATTEND _____ MAJOR _____

DEGREE/ CERTIFICATE: _____



WORK EXPERIENCE

NAME OF EMPLOYER: _____
(Present)
ADDRESS: _____

NAME OF SUPERVISOR: _____ **CONTACT PHONE NUMBER:** _____

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

DESCRIPTION OF DUTIES: _____

NAME OF EMPLOYER: _____

ADDRESS: _____

NAME OF SUPERVISOR: _____ **CONTACT PHONE NUMBER:** _____

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

DESCRIPTION OF DUTIES: _____

NAME OF EMPLOYER: _____

ADDRESS: _____

NAME OF SUPERVISOR: _____ **CONTACT PHONE NUMBER:** _____

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

DESCRIPTION OF DUTIES: _____



WORK EXPERIENCE
(Continued)

NAME OF EMPLOYER: _____

ADDRESS: _____

NAME OF SUPERVISOR: _____ CONTACT PHONE NUMBER: _____

DATE FROM: _____ TO DATE: _____

DESCRIPTION OF DUTIES: _____

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__

Signature of Notary Public

My Commission Expires

SEAL



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 W_16N

NATIONAL STANDARD RESIDENTIAL W_18N

NATIONAL STANDARD JOURNEYMAN W_17N

- **IF YOU HAVE NEVER TAKEN A TEST THROUGH ICC/PEARSON VUE BEFORE YOU WILL NEED TO MAKE A PAYMENT OF \$100**
- **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**