



**\*\*\*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 IS MISSING YOUR APPLICATION WILL NOT BE  
REVIEWED\*\*\***

**PLEASE DO NOT INCLUDE ANY PERSONAL SENSITIVE INFORMATION**

1. Complete ALL portions of the application - **SIGNATURE AND NOTARIZATION IS REQUIRED ON THE LAST PAGE OF THE WORK EXPERIENCE PAGE.**
2. Submit application with copies of diplomas, degrees, etc. and any other documents to back up your application.
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 OR MONEY ORDER PAYABLE TO: CITY OF ALLENTOWN - MAIL OR BRING YOUR APPLICATION TO:

**CITY OF ALLENTOWN  
435 HAMILTON STREET  
ALLENTOWN PA 18101  
ATTENTION: JASMINE VANN – 4<sup>TH</sup> 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 JASMINE VANN AT 610-437-7591 EXT. 2702**

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 T16**

**NATIONAL STANDARD RESIDENTIAL T18**

**NATIONAL STANDARD JOURNEYMAN T17**

- 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, 4<sup>TH</sup> FLOOR

**TELE-COMMUNICATION LICENSES – 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. YOU MAY BE GIVEN AN EXTENDED PERIOD OF TIME UNTIL THE NEXT ELECTRICAL BOARD MEETING TO PROVIDE ANY FURTHER INFORMATION THAT MAY BE NEEDED TO MAKE A DECISION ON YOUR APPLICATION

## **CITY OF ALLENTOWN ELECTRICAL LICENSE QUALIFICATIONS**

- 1. ALL APPLICANTS MUST BE OVER 21 YEARS OLD**
- 2. ALL APPLICANTS MUST BE HIGH SCHOOL GRADUATE OR HAVE G.E.D. EQUIVALENT**
- 3. MASTER EXAM APPLICANTS MUST HAVE AT LEAST 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 AT LEAST 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**

## **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 T16**

☐

**RESIDENTIAL T18**

☐

**JOURNEYMAN T17**

☐

**TELE-COMMUNICATION**

## **EDUCATION AND TRAINING**

**HIGH SCHOOL ATTENDED:** \_\_\_\_\_

**ADDRESS OF SCHOOL:** \_\_\_\_\_

**DATES ATTENDED:** \_\_\_\_\_ **MAJOR:** \_\_\_\_\_

**DEGREE/CERTIFICATE:** \_\_\_\_\_

**OTHER SCHOOL ATTENDED:** \_\_\_\_\_

**ADDRESS OF SCHOOL:** \_\_\_\_\_

**DATES ATTENDED:** \_\_\_\_\_ **MAJOR:** \_\_\_\_\_

**DEGREE/CERTIFICATE:** \_\_\_\_\_

**OTHER SCHOOL ATTENDED:** \_\_\_\_\_

**ADDRESS OF SCHOOL:** \_\_\_\_\_

**DATES ATTENDED:** \_\_\_\_\_ **MAJOR:** \_\_\_\_\_

**DEGREE/CERTIFICATE:** \_\_\_\_\_

**OTHER SCHOOL ATTENDED:** \_\_\_\_\_

**ADDRESS OF SCHOOL:** \_\_\_\_\_

**DATES ATTENDED:** \_\_\_\_\_ **MAJOR:** \_\_\_\_\_

**DEGREE/CERTIFICATE:** \_\_\_\_\_

## **WORK EXPERIENCE**

**PRESENT NAME OF 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  
EXTRA SHEET OF PAPER AND ATTACH IT IF NEEDED**

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**PRESENT NAME OF EMPLOYER:** \_\_\_\_\_

**EMPLOYER ADDRESS:** \_\_\_\_\_

**NAME OF SUPERVISOR:** \_\_\_\_\_

**CONTACT PHONE NUMBER:** \_\_\_\_\_

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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\_\_\_\_