

APPLICATION FOR ELECTRICIAN'S LICENSE

City of Madison
116 W. Center Street
Madison, SD 57042
(605) 256-7500

Date _____

I herewith submit my application for an ELECTRICIAN'S LICENSE. One Hundred Dollars (\$100.00) has been deposited with the City Finance Office for the license fee.

STATE LICENSE HOLDER'S INFORMATION

NAME _____

ADDRESS _____

PHONE # _____ CELL # _____

EMAIL ADDRESS _____

TYPE OF LICENSE: Contractor _____ Journeyman Electrician _____

Has your electrical license ever been revoked: Yes _____ No _____

If yes, please explain in detail the reason(s): _____

COMPANY INFORMATION

NAME _____

ADDRESS _____

PHONE # _____ EMAIL ADDRESS _____

****** MANDATORY ******

Attached is a copy of my state electrical license card.

References (persons engaged in electrical industry preferred)

1) _____

2) _____

Signature of Applicant

For Office Use Only

Receipt # _____ Date _____ Amount _____

(101.3200.3241)