

## CITY OF BEACON New York Building Department

## Application for Examination For Master Electrician License

I hereby apply for examination for certificate of competency and, in compliance with provisions of the New York State Uniform Fire Prevention, Building Code and the Code of the City of Beacon.

Applicant Name:		Date of Birth:			
Address:	Ci	ty:	State:	Zip:	
Phone Number:	Cell Number:		Email:		
Name of Present Employer: _		Present Occupation:			
Have you ever been approved	to take this exam before	? : Yes ( ) No ( ) V	When?		
Have you ever been licensed l	by this department before	e?:Yes()No()V	When/License #?		
List your occupation and the 1	names and addresses of y	our employers dur	ring the past ten (10) y	years:	
Occupation	from mo. & yr. to mo.	<u>&amp; yr.</u>	Employer & Addre	e <u>ss</u>	
I now hold or have held licens	ses (Electrical) issued by	the following mur	nicipalities (give date	of issuance):	

Attached hereto and made part hereof is evidence in writing that I have had at least seven years' experience as a journeyman electrician. Such evidence consisting of W-2 Forms, Business Tax Returns showing profit and loss (if self-employed), Notarized Business Records, Notarized Statements of hours worked from Benefit Funds on fund letterhead, 1040 Forms, Notarized statements and letters from employers on company letterhead, Certified copies of licenses held. Notarized letter(s) from one or more licensed electricians, on company letterhead, confirming that the applicant was employed in the capacity of journeyman electrician and the number of years the applicant was employed letters, affidavits or other written papers or documents signed or verified by your employers and/or persons, firms or corporations for whom you have performed major electrical work as a self-employer or independent contractor. (List names of all master electricians, whose letters, affidavits or other written evidence are attached, by whom you have been employed as a journeyman electrician (not an apprentice) with dates of employment by month and year. Educational credits directly associated with advanced electrical technology may be substituted for up to two years of above requirements.

Master Employing Electrician	Year & Month to	Year & Month
Institution	Year & Month to	Year & Month
I certify that the information on this form and all any incomplete, inaccurate or false information n application will not be accepted by this office unt	nay cause my application to	be delayed or denied and my
	Signature of Applica	ant
Sworn to before me this day Of 20		
Notary Public		

FEE: \$50.00