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DEPARTMENT OF CODES & INSPECTIONS

**APPLICATION FOR ELECTRICIAN LICENSE EXAMINATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

APPLYING TO TAKE THE FOLLOWING ELECTRICIAN EXAMINATION:

- JOURNEYMAN     MASTER     RESIDENTIAL ELECTRICIAN

CURRENT LICENSE HELD IN WHAT STATE/MUNICIPALITY? \_\_\_\_\_

IS LICENSE CURRENT? \_\_\_\_\_

DATE OF LICENSE EXAMINATION \_\_\_\_\_

LIST ALL ELECTRICAL WORK EXPERIENCE, INCLUDING PRESENT EMPLOYER:  
(Include Company Name, Title Held, Number of Years Employed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SUBMIT ALL RELEVANT TRAINING/SCHOOLING CERTIFICATES AND LICENSES HELD WITH THIS FORM. PAYROLL RECORDS MAY ALSO BE REQUIRED TO DOCUMENT ON-THE-JOB WORK EXPERIENCE. RETURN THIS FORM WITH THE REQUIRED INFORMATION TO THE DEPARTMENT OF CODES & INSPECTIONS**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*This Application for Examination must be reviewed by the City of Altoona Electrical Examiner's Board. Upon review, you will be contacted in writing and informed of the Board's decision. If approved, an Examination Bulletin and testing information will be provided to you at that time.*