

**CODE ENFORCEMENT OFFICE
APPLICATION FOR ELECTRICAL LICENSE**

TOWN OF WEST SENECA
CODE ENFORCEMENT OFFICE
1250 UNION ROAD
WEST SENECA, NEW YORK 14224
(716) 558-3242

Date: _____

REQUIREMENTS FOR RECIPROCITY LICENSE

A Reciprocity License will be issued with proper *proof of insurance* and a *current license from another municipality in New York State*

REQUIREMENTS FOR NEW MASTER OR MASTER RESIDENTIAL LICENSE

Proof of insurance and a copy of ICC Testing or Prometric tests results are required.
(The Town of West Seneca requires a 70% for a passing grade)

CHECK ONE	LICENSE	FEE
	Master Electrician	\$100
	Residential Electrician	\$100

Provide *application* along with the *proper fee* to the above address. Make check payable to the TOWN OF WEST SENECA.

PLEASE PRINT:

Name: _____ Date of Birth: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: Home _____ Work _____ Cell _____

Email Address: _____

Years of practical experience (on job training): 1. Master _____ 2. Residential _____

Present Employer: Name: _____ Phone: _____

Address: _____

Highest Level of Education Completed:

Elementary School: _____ High School: _____ Vocational: _____ College: _____

Other: _____

Character References:

Name

Address

Phone

1. _____

2. _____

3. _____

WORK EXPERIENCE:

Name:

Address:

Phone:

of Years:

APPLICANT'S AFFIDAVIT:

I, the undersigned, solemnly swear that I have read all of the statements in this application, and certify that, to the best of my knowledge, all statements are true and correct.

Signature: _____

Print Name