MONROE COUNTY ZONING OFFICE

100 South Main Street Waterloo, Illinois 62298 Phone 618-939-8681, Ext. 260 zoning@monroecountyil.gov

COUNTY OF MONROE ELECTRICAL BOARD APPLICATION FOR ELECTRICAL REGISTRATION

Minimum Requirements: Two (2) years formal instruction or four (4) years (8000 hours) construction work experience.

Company Name:	Phone:
Address:	
Name of Applicant:	Phone:
Address:	
Email address	Age: Date of Birth:
Have you ever carried an electrical license?	□ Yes □ No. If yes, where?
State the type of grade of license:	In force from to
Are you registered as an electrical contractor in	(Year) (Year) any other County/City? □ Yes □ No
If yes, where?	In force from to (Year) (Y
	(Year) (Year)
Was the license or registration obtained by exa	amination? Yes No If yes, what type
Have you ever had an electrical license revoked	d? 🗆 Yes 🗆 No If yes, by whom?
Thave you ever than all electrical license revoker	
If yes, state the reason(s)	
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If yes, state the reason(s) NOTE: The County of Monroe Electrical Board	I reserves the right to verify your work experience by examination, writte
NOTE: The County of Monroe Electrical Board Signature of Applicant	I reserves the right to verify your work experience by examination, writte
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<u>PART 1:</u> Schooling and formal instruction directly related to electrical theory and practical application involving electrical theory and practical application involving electrical wiring.

A.	Vocational or Trade School:	
	Name:	Address:
	Start Date:	Completion Date:
	Name of Course:	
В.	College Training:	
	Name:	Address:
	Start Date:	Completion Date:
	Name of Course:	
C.	Military Training:	
	Branch:	Location:
	Start Date:	Completion Date:
	Description of Training:	
D	Other	
υ.	Other.	
		Code?
E.		Code?
E.	Are you familiar with the National Electric	Code?
E. PART 2	Are you familiar with the National Electric 2: CONTRUCTION WORK EXPERIEN Owner or Officer of an Electrical Contraction	CE ing Company:
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E. PART 2	Are you familiar with the National Electric 2: CONTRUCTION WORK EXPERIEN Owner or Officer of an Electrical Contraction Company: Date Started:	CE ing Company: Address: to
E. PART 2	Are you familiar with the National Electric 2: CONTRUCTION WORK EXPERIEN Owner or Officer of an Electrical Contracti Company: Date Started: Position(s) Held:	CE ing Company: Address: to
E. PART 3	Are you familiar with the National Electric 2: CONTRUCTION WORK EXPERIEN Owner or Officer of an Electrical Contraction Company: Date Started: Position(s) Held: Supervisor/Foreman:	CE ing Company: Address: to
E.	Are you familiar with the National Electric 2: CONTRUCTION WORK EXPERIEN Owner or Officer of an Electrical Contraction Company: Date Started: Position(s) Held: Supervisor/Foreman: Apprentice on the job training:	cCode? CE ing Company: Address: to
E. PART 3	Are you familiar with the National Electric 2: CONTRUCTION WORK EXPERIEN Owner or Officer of an Electrical Contraction Company: Date Started: Position(s) Held: Supervisor/Foreman: Apprentice on the job training: Company: Company:	CE ing Company: Address: to
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E. PART 3	Are you familiar with the National Electric 2: CONTRUCTION WORK EXPERIEN Owner or Officer of an Electrical Contraction Company: Date Started: Position(s) Held: Supervisor/Foreman: Apprentice on the job training: Company: Date Started: Approximate years experience in the follows	CE ing Company: Address: to to

NOTE: The County of Monroe Electrical Board reserves the right to contact your present and previous employer(s) to verify you work experience as stated herein.