

5. Electrical Licensing Information

State, County or City

License Number

Date of License

6. Additional Licensing Information (If Applicable)

7. Current Place of Employment

Name of Company

State, City

(_____) _____

Area Code

Work Phone

8. Have you had a business license, certification or registration suspended, revoked or denied in any state?

Yes _____ No _____ If yes please submit a "Disciplinary Action" explanation with this form

Statement of Applicant

9. I understand that providing false information on this application may result in the denial of admission to the class.

Additional Applicant Statements

Date Signed

Signature of Applicant