



City of Columbia, Missouri

Application for Electrical Certification

Building and Site Development, City of Columbia
 701 East Broadway, 3rd Fl, PO Box 6015, Columbia, Missouri 65205
 Phone: 573-874-7474 Fax: 573-874-7283 TTY: 573-874-7251

Name	Date Applying
Address	City / State / Zip
Phone #	Email Address

Application for Examination
 Application for Reciprocation

<input type="checkbox"/> Master (Type A: requires 4000 hrs as Journeyman C-8 or 6000 hrs as Journeyman C-6) <input type="checkbox"/> Sign Contractor (Type B) <input type="checkbox"/> Journeyman (Type C-8: requires 8000 hrs as apprentice) <input type="checkbox"/> Journeyman (Type C-6: requires 6000 hrs as apprentice)	<input type="checkbox"/> Sign Wireman (Type D) <input type="checkbox"/> Burglar-Fire Alarm (Type F) <input type="checkbox"/> Communication & Sound (Type G) <input type="checkbox"/> Maintenance (Type H)
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EMPLOYER INFORMATION *proof of hours required, attach separately, use add'l sheet as needed

Current Employer	Dates of Employment	Total Hours Worked
Employer's Address	Current Employer's Phone #	
Previous Employer & Address	Dates of Employment	Total Hours Worked
Previous Employer & Address	Dates of Employment	Total Hours Worked
Previous Employer & Address	Dates of Employment	Total Hours Worked
Overall Total of Hours worked to apply for testing / reciprocation (incl. from sep sheet)		<input style="width: 50px;" type="text"/>

EDUCATION / CREDENTIALS

Grade School: years
 High School: Years
 College: Years

Special Training in Electrical at Trade/Vocational School &/or Military Experience
 School or Branch / Dates

Courses Taken:

Current Electrical License(s) Type Held City of License

Previous Electrical License Test Taken: Testing Entity

Date Test Taken Test Score Received

I hereby state the above information is true and correct, and agree to abide by the regulations and Ordinances of the City of Columbia, MO.

Signature

For Office Use Only:
 Approved to Test
 Approved for Reciprocation
 Denied

Approved by signature: Decision Date

