RETAKE
ELECTRICAL CONTRACTORS LICENSE APPLICATION

I, The undersigned, hereby make application for examination as an Electrical Contractor in accordance with ACT 85-921 State of Alabama.

NAME IN FULL: _____
(Last) (First) (Middle)

RESIDENCE ADDRESS:_____

_____
(City) (State) (Zip Code)

TELEPHONE: (Home) _____ (Cell) _____
(Area Code) (Area Code)

TO CONDUCT BUSINESS AS (Check one only):

❑ Proprietorship ❑ Corporation ❑ Partnership ❑ Other (Specify)

NAME OF BUSINESS: _____

IRS (tax) Identification number: _____

BUSINESS ADDRESS: _____

_____
(City) (State) (Zip Code)

BUSINESS MAILING ADDRESS: _____

_____
(City) (State) (Zip Code)

TELEPHONE NUMBER (Business) _____ FAX _____
(Area Code) (Area Code)

PREFERRED MAILING ADDRESS ❑ Residence ❑ Business ❑ Business Mailing

DATE OF BIRTH: _____ **SOCIAL SECURITY NUMBER** _____

_____ _____
SIGNATURE OF APPLICANT **DATE**

THE COMPLETED APPLICATION MUST BE RETURNED ALONG WITH THE EXAMINATION FEE OF $165.00 IN THE FORM OF CASHIERS CHECK OR MONEY ORDER (PERSONAL CHECK AND BUSINESS CHECKS WILL NOT BE ACCEPTED)

PLEASE MAKE CHECKS PAYABLE TO:
ALABAMA ELECTRICAL CONTRACTORS BOARD

SUBMIT TO:
The Alabama Electrical Contractors Board
2777 Zelda Road
Montgomery, AL 36106