



State of Alabama
Electrical Contractors Board

610 S. McDonough Street
Montgomery, Alabama 36104
(334) 269-9990
Fax (334) 263-6115
www.aecb.alabama.gov

I. Request for Verification of Exam by City or County

NOTICE: Incomplete verifications and verifications that are not legible will be returned without consideration.

Applicant: Complete the top portion of this request. Then mail to the Agency in which you now hold a license for completion of part II.

Individual Name: _____

Company Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Signature: _____ **Date:** _____

II. Verification of Exam

Verifying Agency: Please furnish the information requested sign and seal (city / county seal) or notarize. Return to applicant to be included in the application.

Licensee Full Name and License Number as it appears on license

Classification(s) Held: _____

Original License Date: _____

Exam By: ___ **Exam – Type & Score** _____

Signature: _____ **Title:** _____

Agency: _____ **Date:** _____

(Seal)