

**CITY OF MUNCIE
BUILDING COMMISSIONER
MUNCIE, IN
(765) 747-4862**

REQUIREMENTS FOR ELECTRICIAN'S LICENSE

Letter from where test was taken addressed to: Attn: Electrical Inspector, Taylor Marshall or Building Commissioner Office, 300 N. High St., Muncie, IN 47305 with Block Examination Scores and Dates. Hard Copy of Reciprocal letter from where exam was taken.

70% or better test score **required.**

5 yrs. experience **required.**

\$5,000 Surety Bond **required.**

Liability Insurance certificate in the amount \$500,000 with the City of Muncie listed as the holder. Licensee name must be listed on Bond and Insurance.

Electrical Contractor License Application

FEE: \$150.00 for New License (\$100.00 to Renew)

Licenses are issued January 1st to December 31st

Applicants must appear before the Electrical Review Board which meets on the last Tuesday of the month at 2:00 p.m. in the City Bldg. Commissioner's Office.

Call 765-747-4862 and speak with the Electrical Inspector to set up your appearance before the board.

**CITY OF MUNCIE
BUILDING COMMISSIONER
MUNCIE, INDIANA**

ELECTRICAL CONTRACTOR

LICENSE APPLICATION

APPLICANT'S NAME _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

COMPANY REPRESENTED _____

ADDRESS _____ CITY/ZIP _____

SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION

HOW LONG IN BUSINESS _____ WHAT IS PRIMARY BUSINESS _____

HAVE YOU HELD A LICENSE HERE BEFORE _____

PLEASE ATTACH CERTIFICATE OF INSURANCE, BOND, NUMBER AND COMPANY. CERTIFICATE MUST BE AN ORIGINAL.

GIVE SUMMARY OF YOUR WORK BACKGROUND AND QUALIFICATIONS FOR THE LICENSE APPLIED FOR _____

I acknowledge that all information I have given is complete and accurate and that I have read the City Ordinance and understand it. I agree to allow the Board of Examiners to verify the information I have given to determine my eligibility.

SIGNATURE OF APPLICANT: _____ DATE _____

FOR OFFICIAL USE ONLY

This application was reviewed by the Electrical Review Board on _____

Reason if application denied _____

Applicant may re-apply _____

SIGNED BY _____ Board Member Date _____

LICENSE NUMBER ISSUED TO APPLICANT _____

(rev. 11/08/02)