

Approval by Board _____

Date _____

License No. _____

TO: The Borough of Chambersburg
Electricians' Examining Board
100 South Second Street
Chambersburg, PA 17201
Email application to: utilitysecretary@chambersburgpa.gov
Phone: 717-251-2430; FAX# 717-261-3240

REQUEST PERMISSION TO TAKE MASTER ELECTRICIAN EXAMINATION
AND RECEIVE MASTER LICENSE - FEE - \$50.00

REQUEST FOR SPECIAL LICENSE TO PERFORM A SPECIFIED CONTRACT
(1 ANNUALLY) FEE - \$300.00

REQUEST FOR LIMITED LICENSE TO WORK AS AN EMPLOYEE OF A PRIMARY
POWER CUSTOMER OF BOROUGH OF CHAMBERSBURG (PLANT LICENSE)
FEE - \$50.00

Name of Applicant _____ Date of Birth _____

Address _____ Phone No. _____

Cell Phone No. _____ Email: _____

Present Employer _____

Employer's Address _____

REQUIRED EXPERIENCE FOR EXAM: Applicant must have a minimum of four years (full time) experience or two years' experience with two years' training from an accredited school.

REQUIRED EXPERIENCE FOR SPECIAL LICENSE: Applicant must furnish evidence satisfactory to the Electricians' Examining Board of his skill, experience, training, and current active practice as an electrician, as indicated by a license issued by another municipality or other evidence of comparable achievement.

EDUCATION:

High School _____
Year Graduated _____ Name of School _____

Trade School/Course _____, _____, _____
No. of years _____ Year Graduated _____

_____, _____, _____
No. of years _____ Year Graduated _____

ELECTRICAL EXPERIENCE:

	<u>Names of Employer under which You practiced electrical trade:</u>	<u>Location:</u>	<u>Years From:</u>	<u>To:</u>
1.	_____	_____	_____	_____
	Job Duties _____ _____			
2.	_____	_____	_____	_____
	Job Duties _____ _____			
3.	_____	_____	_____	_____
	Job Duties _____ _____			

Have you served a recognized apprenticeship? _____ (send verification)

Name of Community(ies) where you have practiced as a Licensed Master Electrician:

_____	License # _____	(send copy of License/Certificate)
_____	License # _____	(send copy of License/Certificate)

TRADE AND BUSINESS REFERENCES:

To be answered by all applicants.

	<u>Name</u>	<u>City</u>	<u>Phone No.</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Are you familiar with Electrical Standards of the Borough of Chambersburg?

Yes _____ No _____

If answered No, you can request at copy by calling 717-251-2430.

CONTRACT JOB INFORMATION:

To be answered by SPECIAL License Applicants ONLY.

Address of Location _____

Description of Project _____

Estimated Duration _____

CHARACTER REFERENCES:

	<u>Name</u>	<u>City</u>	<u>Phone No.</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

If granted a license, what are your intentions:
(Check all applicable.)

Continue practice outside of Chambersburg

Establish a business of your own in Chambersburg. If so, what type?

Wire new dwellings

Appliance Service

Wiring commercial buildings

Repair & Renovation Work

Wire industrial buildings

Work for presently established business in Chambersburg.

Date

Signature

NOTE: ELECTRICAL INSPECTORS FOR CHAMBERSBURG ARE:
Accredited Services
Commonwealth Electrical Inspection Service
Middle Department Inspection Agency
PA Municipal Code Alliance*

*UCC Inspectors for the Borough of Chambersburg