Tim Vistine

 $Building \, Com\, missioner$



Building & Code 229 S. Second St. Elkhart, IN 46516 574.294.5471

Electrical Examination Application

Exam Date:	Exam	Exam Time:	
Name:	First	MI	
Last 4 Digits of SSN:			
Home Address:			
		Zip:	
Company:			
Work Address:			
		Zip:	
		Year:	
		Contractor:	
Have you ever been refused or had an	electrical license revoked? If yes,	where and when?	
Please list the last 3 places of employs	ment, dates and type of duties.		
*Applicati	on must be submitted in person	ired at the time of the exam (credit card only). with a valid photo ID. ny knowledge. VIOLATORS are subject to the penalties as	
specified in the Elkhart Cit	y Code 157. Penalties include fines, court	costs and license suspension or revocation.	
Signed:		Date:	
Accepted By:		Date:	