## **ELECTRICAL RECIPROCATION APPLICATION**

City of Elkhart, Indiana Address: 229 S. 2<sup>nd</sup> Street, Elkhart, IN 46516 Ph. 574-294-5471 www.elkhartindiana.org

NAME:		LAST 4 DIGIST OF SSN:
LAST	FIRST	MI
HOME ADDRESS:		
CITY:	STATE: _	ZIP CODE:
CELL PHONE:	E-MAIL:	
COMPANY NAME:		
CITY:	STATE: _	ZIP CODE:
WORK PHONE:	E-MAIL:	
EDUCATION & WORK EXPERIENCE	Ξ:	
TRADE SCHOOL/COLLEGE:		YEAR:
YEARS EXPERIENCE AS: Apprentice:		Journeyman: Contractor:
Have you ever held an electrical license in	this or any oth	er city, county or state? If yes, provide place and dates:
Have you ever been refused or had an elect		
Please list the last 3 places of employment,  1.  2.  3.	dates and type	
*A non-refundable Reciproca	tion Applicati	on fee of \$100.00 must accompany this form.
*An Electrical License Application mu	ust also be sub	mitted. If you are obtaining a license with the City of
Elkhart for the first time, then both	applications	must be submitted in person with a valid photo ID.
		rrect to the best of my knowledge. VIOLATORS are subject to the include fines, court costs and license suspension or revocation.
Signed:		Date:
Accepted By:		Date: