



CERTIFICATE OF REGISTRATION AS ELECTRICAL CONTRACTOR

Name of Company _____

Primary Shop Location _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number: Area Code _____ Number _____

Company To Be Operated As: Individual Ownership Partnership Corporation

State Incorporated In _____

Name of Owners or Responsible Officers:

Name _____ Name _____

Title _____ Title _____

Address _____ Address _____

State _____ Zip _____ State _____ Zip _____

Person Serving As Master Electrician _____

Address _____ Phone _____

City _____ State _____ Zip _____

Signature of Master Electrician _____

Type name and provide the signature of all company personnel authorized to sign for electrical permits.

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

PHOTO ID / MASTER ELECTRICIAN LICENSE / ELECTRICAL CONTRACTOR LICENSE REQUIRED

Office Use Only:

New GPCont # _____ Expiration date _____ Initial _____

Renewal

NAME OF COMPANY _____

APPLICANT'S AFFIDAVIT (Master signature)

I, _____ of the City of _____,
County of _____, State of _____,

being duly sworn, doth depose and say that the information contained in this application for electrical contractor's license is true to the best of my knowledge and belief, and further this deponent say not.

Applicant's Name _____

Applicant's Signature _____

Subscribed and sworn to before me this _____ day of _____

A.D., 20 _____.

Notary Public in and for

_____ County

State of _____

(note☺)

If a license expires more than 1 year; the applicant will need to apply as a new contractor

CITY OF GRAND PRAIRIE ELECTRICAL LICENSE REGISTRATION

NAME: _____

TYPE OF ELECTRICAL REGISTRATION:

- | | |
|---|--|
| <input type="checkbox"/> MASTER ELECTRICIAN | <input type="checkbox"/> RESIDENTIAL WIREMAN |
| <input type="checkbox"/> JOURNEYMAN ELECTRICIAN | <input type="checkbox"/> ELEVATOR ELECTRICIAN |
| <input type="checkbox"/> MAINTENANCE ELECTRICIAN | <input type="checkbox"/> ELEVATOR CONTRACTOR |
| <input type="checkbox"/> TEMPORARY JOURNEYMAN ELECTRICIAN | <input type="checkbox"/> TEMPORARY MAINTENANCE ELECTRICIAN |

PERSONAL INFORMATION:

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DRIVERS LIC. # _____ PHONE _____

DATE OF BIRTH _____ WEIGHT _____

COLOR OF EYES _____ HEIGHT _____

TDLR ELEC LIC# _____

WORK EXPERIENCE: LIST LAST 4 YEARS EXPERIENCE LAST EMPLOYER FIRST

EMPLOYER	PHONE NUMBER	DATES EMPLOYED

SIGNATURE _____ **DATE** _____

OFFICE USE ONLY: initial _____

GP CONT# _____ RECEIPT# _____ EXP DATE _____