Electrical License

NEW Registration Application

City of Elkhart, Indiana
229 S. 2nd Street, Elkhart, IN 46516
(574)294-5474

Licensee Name (first, middle initial, last):		
Home Address:		
City:	State:	Zip:
Cell Phone:	Email:	

Company Name:		
Company Mailing Address:		
City:	State:	Zip:
Work Phone:	Email:	

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY CHANGES TO THE ABOVE INFORMATION.

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

_____	_____
Signature of Licensee	Date