

**APPLICATION FOR
RESIDENTIAL ELECTRICAL CONTRACTOR'S LICENSE
CLASS II
CITY OF OAK RIDGE TRADE LICENSING BOARD**

EXAM RESULTS _____

DATE _____

Attention Applicant: This application is a part of your examination procedure and it must be filled in completely and correctly. Any false statement may be considered as a cause for disqualification.

NAME: _____
Last First Middle Initial

HOME ADDRESS: _____
Number & Street

CITY : _____ **STATE:** _____ **ZIP CODE:** _____

PHONE NUMBERS: (Business) _____ **(Residence)** _____

How long have you been working in the electrical industry and what kind of work have you done? Please check appropriate boxes and enter dates:

- Commercial From: Month/Year _____ To: Month/Year _____
 Residential From: Month/Year _____ To: Month/Year _____
 Industrial From: Month/Year _____ To: Month/Year _____

List below the names of trade/certified schools you have attended. If you have attended no schools, enter "NONE" in the space provided.

Name of School	Location	Course Taken	Month/Year
1. _____			
2. _____			
3. _____			

The Trade Licensing Board has my permission to contact my former and present employers.

Yes _____ **No** _____ If you answer is no, please explain.

I have previously taken a proctored Electrical certification/licensing examination and scored 70% or higher within the last two years. **Yes** _____ **No** _____

Place Tested _____ Score _____

Exam No. _____ Type Test _____

I certify that the foregoing statements are true and that if I am granted an electrical license as a result of this examination, I will abide by all rules and regulations set forth in the Electrical Code of the City of Oak Ridge.

SIGNATURE OF APPLICANT: _____

QUALIFICATION OF APPLICANTS
Per Section 12-308
CODE OR ORDINANCES FOR THE CITY OF OAK RIDGE

Subject to the authority of the Board to set higher standards with City Council approval, the following minimum standards and qualifications shall be met before the Board recommends license approval as required by this Division:

Class II Residential Electrical Contractor's license. The applicant must establish a regular ongoing place of business, obtain a current City business license, or have an active business license in another city, be a person, firm or corporation, other than a Class I Electrical Contractor's license holder, who engages in the actual installation of electrical wiring and fixtures in residential dwellings not exceeding three (3) stories, who has at least four (4) years total full-time experience in the electrical craft, have obtained a passing score on the written examination required by Section 12-410, must show honesty and integrity in former dealings with the public as demonstrated by at least three (3) favorable work references from former clients or employers, and progressing back to cover a four year period. The applicant must have and keep current the insurance specified in Section 12-310.

Furnish a **complete** history of your full-time employment in the electrical field. When listing your work experience, give the **month** and **year** of employment with each employer. **Give the current addresses of past employers, including street address, state, zip code, and telephone numbers.**

RECORD OF EMPLOYMENT

EMPLOYER: _____ **TOTAL MONTHS OF EMPLOYMENT:** _____
EMPLOYED FROM: (Month/Year) _____ **TO:** (Month/Year) _____
ADDRESS: _____ **PHONE:** _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PROVIDE A LIST OF DUTIES YOU PERFORMED IN THE ELECTRICAL CRAFT WHILE EMPLOYED BY THE ABOVE:

EMPLOYER: _____ **TOTAL MONTHS OF EMPLOYMENT:** _____
EMPLOYED FROM: (Month/Year) _____ **TO:** (Month/Year) _____
ADDRESS: _____ **PHONE:** _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PROVIDE A LIST OF DUTIES YOU PERFORMED IN THE ELECTRICAL CRAFT WHILE EMPLOYED BY THE ABOVE:

EMPLOYER: _____ **TOTAL MONTHS OF EMPLOYMENT:** _____
EMPLOYED FROM: (Month/Year) _____ **TO:** (Month/Year) _____
ADDRESS: _____ **PHONE:** _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PROVIDE A LIST OF DUTIES YOU PERFORMED IN THE ELECTRICAL CRAFT WHILE EMPLOYED BY THE ABOVE:

EMPLOYER: _____ **TOTAL MONTHS OF EMPLOYMENT:** _____
EMPLOYED FROM: (Month/Year) _____ **TO:** (Month/Year) _____
ADDRESS: _____ **PHONE:** _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PROVIDE A LIST OF DUTIES YOU PERFORMED IN THE ELECTRICAL CRAFT WHILE EMPLOYED BY THE ABOVE:

IF ADDITIONAL ROOM IS REQUIRED, PLEASE ATTACH ANOTHER SHEET.