

## Instructions for Completion of Journeyman Electrician Application

1. ENCLOSE ONE (1) PHOTOGRAPH PASSPORT SIZE
2. COMPLETE APPLICATION, SIGN AND HAVE IT NOTARIZED

SUBMIT ALL PAPERWORK TO:

SULLIVAN COUNTY ELECTRICAL LICENSING BOARD  
PO BOX 5012  
100 NORTH STREET  
MONTICELLO, NY 12701  
845-807-0512

Date application received by ELB \_\_\_\_/\_\_\_\_/\_\_\_\_

Date license fee received \_\_\_\_/\_\_\_\_/\_\_\_\_

License issued # \_\_\_\_\_

One (1)  
1 1/2" x 1 1/2"  
Photographs  
taken within  
thirty (30)  
days of  
application

APPLICATION FOR A JOURNEYMAN ELECTRICIAN'S LICENSE  
SULLIVAN COUNTY ELECTRICAL LICENSING BOARD

Type of license applied for: \_\_\_\_\_ Journeyman Electrician - \$100.00

**INDIVIDUAL**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Following information to be provided for individual who will hold license:

1. Past five (5) years experience. If your present employer is a firm or corporation, give the name and position of the person connected with the firm or corporation who is your immediate supervisor and to whom the Board may refer to for information concerning you.

Name	Phone Number	Position

2. Attach certification in writing by the IBEW or Union Representative, employer or employees of such person of the performance of qualified work experience. Describe the work in detail.

3. When and where did you last apply for an electrical license: \_\_\_\_\_ Results: \_\_\_\_\_

4. How many years of apprenticeship did you serve in the trade: \_\_\_\_\_

5. How many years as a journeyman did you serve in the trade: \_\_\_\_\_

6. Are you a member of any trade organization or association: \_\_\_\_\_

Please List: \_\_\_\_\_

\_\_\_\_\_

CERTIFICATE

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT. I WILL SAVE THE COUNTY OF SULLIVAN AND ITS OFFICIALS HARMLESS FROM ANY LIABILITY FOR INJURY OR DAMAGE TO PERSONS OR PROPERTY FOR THE ISSUANCE OF ANY LICENCES, PERMITS OR PRIVILAGES GRANTED.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

STATE OF NEW YORK )  
                                  )ss.:  
COUNTY OF SULLIVAN

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned, Personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual executed the instrument.

\_\_\_\_\_  
Notary Public

For Office Use Only

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The Sullivan County Board of Electrical Licensing hereby (grants) (denies) the license applied for in this application.

Reason for denial: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Chairman