

CITY OF TONAWANDA
BUILDING INSPECTOR'S OFFICE
200 NIAGARA STREET
TONAWANDA, NEW YORK 14150-1099
Phone: 716-695-1806 Fax: 716-743-8870
email: bldginsp@ci.tonawanda.ny.us

FEE: \$100.00 YEARLY

LICENSE # _____

MAKE CHECKS PAYABLE TO: TONAWANDA CITY TREASURER

(office use only)

ALL LICENSES EXPIRE 12/31 OF THE ISSUING YEAR

APPLICATION FOR ELECTRICAL LICENSE

Name of Concern or Corp: _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____ **E-MAIL** _____

No. of years in Business _____

Name of Electrical Certificate Holder _____

Title or Position with the Company _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____

Approximate No. of Employees _____

Name of Insurance Company _____

Required insurance coverage in order to apply for the License:

\$1,000,000 General Liability Coverage

Workers' Compensation Insurance required or Certificate of Exemption

NYS Disability Insurance required or Certificate of Exemption

****CERTIFICATES OF INSURANCE TO BE ISSUED TO THE CITY OF TONAWANDA****

By signing this application I certify that I currently hold a City of Tonawanda Electrical Certificate of Competency. I further certify that I currently own or are an employee of the above named company. If I terminate my employment I will notify the City of Tonawanda Building Inspector in writing.

Signature of Applicant

Title

Date

Printed Name of Applicant