

CITY OF CHATTANOOGA  
**BOARD OF ELECTRICAL EXAMINERS**

1250 Market Street, Suite 1000  
Chattanooga, Tennessee 37402  
Phone: (423) 643-5800  
FAX: (423) 643-5848

For Board Use Only	
Applicant No.	_____
Date Received	_____
Amt. Received	_____
License Issued	_____
State No.	_____
Test Results	_____
Exam date	_____

**\*REQUIRED INFORMATION**

I am applying to take the **Examination** for: (Check One)

**Contractor License**

Type:  Class 1 (Comm/Res)  Class II (Res)  Class III (Sign)  PI Master

**Journeyman License**

Type:  Chatt  Residential  Sign

I am applying for a **License/Registration** for: (Check One)

<input type="checkbox"/> Class I Contractor	\$ 420.00	<input type="checkbox"/> Plant Master	\$ 220.00	<input type="checkbox"/> Plant License 1-5	\$ 420.00
<input type="checkbox"/> Class II Contractor	\$ 220.00	<input type="checkbox"/> LV-PL Registration	\$ 120.00	<input type="checkbox"/> Plant License 6-14	\$ 820.00
<input type="checkbox"/> Class III Contractor	\$ 120.00			<input type="checkbox"/> Plant License 15+	\$1220.00

\*FULL LEGAL NAME: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

\*MAILING ADDRESS: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

\*PHONE NUMBER: \_\_\_\_\_ CELL NO. \_\_\_\_\_

\*EMPLOYED BY: \_\_\_\_\_

\*EMPLOYER ADDRESS: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

\*EMAIL ADDRESS: \_\_\_\_\_

STATE OF TN CONTR LIC NO. \_\_\_\_\_ ARE YOU THE QUALIFYING AGENT? \_\_\_\_\_

Do you now or have you ever held any license issued by the City of Chattanooga, Board of Electrical Examiners or any other electrical licensing board. List and explain:

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION & EXPERIENCE**

High School (Y/N) \_\_\_\_\_ \*Trade School (Y/N) \_\_\_\_\_

Years of College: \_\_\_\_\_ \*Years experience in Electrical Work: \_\_\_\_\_

Degree: \_\_\_\_\_ Graduation year: \_\_\_\_\_

Explain schooling and experience related to the license being applied for:

\_\_\_\_\_

**\* WRITTEN DOCUMENTATION FROM EMPLOYER(S) FOR AT LEAST 3 YEARS WORK EXPERIENCE MUST BE ATTACHED.**

1. Present Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
I have been employed for \_\_\_\_\_ years. Hire Date: \_\_\_\_\_  
My job title is: \_\_\_\_\_  
My duties are: \_\_\_\_\_

2. Former Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
I was employed for \_\_\_\_\_ years. Hire Date: \_\_\_\_\_  
My job title was: \_\_\_\_\_  
My duties were: \_\_\_\_\_

3. Former Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
I was employed for \_\_\_\_\_ years. Hire Date: \_\_\_\_\_  
My job title was: \_\_\_\_\_  
My duties were: \_\_\_\_\_

I, the undersigned, affirm that all of the above statements are true and correct. I, the undersigned, affirm that any false statement herein will be just cause for failing to grant my license or to revoke it at any time in the future. I promise to abide by the ordinances, codes, and requirements of the City of Chattanooga in using my license.

\* \_\_\_\_\_  
**Date**

\* \_\_\_\_\_  
**Applicant Signature**

Return this completed and signed application form along with all of the necessary documentation and a check or money order in the amount of \_\_\_\_\_ to: City of Chattanooga, 1250 Market Street, Suite 1000, Chattanooga, TN 37402. If paying by credit card (2.49% fee applies) please call 423-643-5806 (Luann) or 423-643-5803 (Julie) to make payment.