

TOWNSHIP OF HAVERFORD
DEPARTMENT OF CODES ENFORCEMENT
1014 DARBY RD
HAVERTOWN, PA 19083
(610) 446-1000 Ext. 2252
Fax: (610) 446-1203
lisa@havtwp.com

Master Electrician Contractor License Application

Date: _____

Fee: \$75.00

BUSINESS INFORMATION

Company Name _____

Master Electrician Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Cell Number _____

Email Address _____

Fed ID # _____ State HIC # _____ Expires _____

APPLICANT INFORMATION

Name _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

JOURNEYMEN

- 1.
- 2.
- 3.
- 4.

APPRENTICE

- 1.
- 2.
- 3.
- 4.

I HEREBY CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF I KNOWINGLY MAKE ANY FALSE STATEMENT HEREIN, I AM SUBJECT TO SUCH PENALTIES AS MAY BE PRESCRIBED BY LAW OR ORDINANCE.

WE AUTHORIZE YOU TO OBTAIN ANY INFORMATION THAT YOU REQUIRE CONCERNING STATEMENT IN THE APPLICATION, WHICH SHALL REMAIN THE PROPERTY OF HAVERFORD TOWNSHIP.

Signature of Applicant _____ Print _____