C1ty of Tempe P 0 Box 5002 31 East F1fth Street Tempe AZ 65280 480-350-8341, www.tempe.gov

Tempe

Community Development Department Development Services Division

APPLICATION FOR EXAMINATION FOR MAINTENANCE ELECTRICIAN'S CERTIFICATE OF REGISTRATION

Instructions: Please type or print the information requested below, read the attached Requirements and sign the application. Please submit to the Development Services Division at the address listed above.

1.	Name:				
		First	Middle Initial	Last	
2	Street Address				
	City, State, Zip:				
3.	Telephone No.	Home /Office / Cell			
4.	Do you now hol	d, or have you	ever held a license as an El Yes No	ectrical Contractor or Electrician?	
	If yes, in what C	ity and State: _	City	State	
5.	How many years' experience have you had in the electrical industry?				
	Give a brief review of your experience or training in the electrical industry.				
6.	For whom will you be employed as a Maintenance Electrician? Name of Company:				
	Address of Company:				
	Type of Busine	ss:			

7. How many full-time plant maintenance personnel will you supervise?			
I hereby certify that I have read this application and the Requirements for Maintenance Electrician's Certificate of Registration (attached) and understand that a violation of said requirements is grounds for suspension or revocation of a Maintenance Electrician's Certificate.			
Date	Signature of Applicant		
For City of Tempe Use Only			
Date Application Received:	Application Reviewed By:		
Fee Amount Paid & Validation:			
Examination Date:			
Exam Corrected By:	Grade Received (%):		
Applicant Notified of Grade:	Certificate Mailed		
File Notated-			