

ELECTRICAL LICENSE NEW/RENEWAL FORM
Independent and Corporate/Company
Columbus, Bartholomew County
Department of Technical Code Enforcement
440 Third Street, Room 302, Columbus, IN 47201 812-379-1535

FEES: (Payment by Check or Money Order Only)

Renewal Fees: Company/Corporation \$25.00

Independent Contractor \$25.00

Employee \$10.00

New Fees: Company/Corporation/Independent Contractor \$50.00

Employee \$10.00

Renewal due by 1/31/2022

If renewing by mail must be postmarked by 1/31/2022

Current License/Registration Number _____

Last Name _____ First Name _____

Company/Corporate Name (DBA) _____

Business Mailing Address _____

Street City State Zip Code

Business Actual Address _____

Business Phone _____ Business Fax _____

Business Cell# _____

Home (Residence) Address _____

Street City State Zip Code

Home Phone _____

REQUIRED: E-MAIL BUSINESS OR HOME

Type of Registration:

Self-employed (Independent) Electrician

Test Date _____ Test Score _____ Test Location _____

Electrical Contractor Corporation/Company . More than one licensed Electrician. List persons having employee licenses, which you are renewing.

1. _____ License# _____ 5. _____ License# _____

2. _____ License# _____ 6. _____ License# _____

3. _____ License# _____ 7. _____ License# _____

4. _____ License# _____ 8. _____ License# _____

Please fill out and return an Employee Renewal Form for each employee license.

Applicant Signature _____ Title _____ Date _____

PLEASE SEE REVERSE FOR EMPLOYEE LICENSE RENEWAL FORM

EMPLOYEE LICENSE RENEWAL FORM
Columbus/Bartholomew County
Department of Technical Code Enforcement
440 Third Street, Room 302, Columbus, IN 47201
812-379-1535

Renewal Fee \$10.00

New Fee \$10.00

Renewal due by 1/31/2022

If renewing by mail must be postmarked by 1/31/2022

Employing Company/Corporation: _____

Current License/Registration Number: _____

Last Name _____ FirstName _____

Employee Home Address _____
Street City State Zip Code

Home Phone _____

Test Date _____ Test Score _____ Test Location _____

Please fill out and return for each employee license

Employee's Signature _____ Date _____