

ONE STOP PERMITTING

CITY OF BIRMINGHAM
DEPARTMENT OF PLANNING, ENGINEERING & PERMITS
710 - 20th Street, North
ROOM 207, CITY HALL
BIRMINGHAM, ALABAMA 35203

William A. Bell, Sr., Mayor

Andre V. Bittas, Director

APPLICATION / REGISTRATION FOR JOURNEYMAN ELECTRICIAN	Date _____ Case No. _____ Master No. _____ Project No. _____
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Please print legibly and fill in all that apply

TO: BOARD OF ELECTRICAL EXAMINERS Date: _____

I, _____ Last _____ First _____ M.I. _____ Social Security No. _____

Address: _____ City/State/Zip: _____

Telephone: (____) _____ Fax: (____) _____

Email Address: _____ Signature _____

hereby make application for examination for registration as an Journeyman Electrician in accordance with the Electrical Code of the City of Birmingham.

Apprentice Card No. _____

EDUCATION AND TRAINING

HIGH SCHOOL GRADUATE? Yes No If no, circle highest level attained 9 10 11 12

TRADE SCHOOL? Yes No Name of School: _____
Address _____ City/State/Zip _____

Course Completed? Yes No If not completed, list years attended: _____

APPRENTICE SCHOOL TRAINING? Name of School: _____
 Yes No Address _____ City/State/Zip _____

Course Completed? Yes No If not completed, list years attended: _____

ADDITIONAL TRAINING? Yes No
If yes, give details _____

APPRENTICE TRAINING – (A total of 6,000 hours apprentice training is required by Section 1.9.4 of the Electrical Code of the City of Birmingham)
Begin with present employer and work back.

Company	Street Address	From	To
_____	_____	____ / ____ / ____ Mo. Yr.	present.
_____	_____	____ / ____ / ____ Mo. Yr.	____ / ____ / ____ Mo. Yr.
_____	_____	____ / ____ / ____ Mo. Yr.	____ / ____ / ____ Mo. Yr.
_____	_____	____ / ____ / ____ Mo. Yr.	____ / ____ / ____ Mo. Yr.

IF ADDITIONAL SPACE IS NEEDED, USE BACK OF THIS FORM.

ADDITIONAL INFORMATION (Give any additional information which might benefit the Board in rendering a favorable decision in this application)

Do you hold a current registration certificate (Apprentice Card) issued by the City of Birmingham? Yes No
If yes, list the Card Number _____ Total Hours _____

Have you previously taken the Journeyman Examination? Yes No If yes, when _____
Mo Yr Mo Yr Mo Yr

I certify that the above statements are true and correct to the best of my knowledge and understand that any incorrect information or false statement made herein will void any examination or certificate issued me upon this application.

Signature _____

The Board reserves the right to correspond with any employers listed above and to check all information given in this application. You will be notified by mail of the decision of the Board regarding this application.

FOR STAFF USE

Action by Board Approved Disapproved Application Information Verified by: _____

Reason for Disapproval

_____ Chairman _____

_____ **ATTEST:** _____

_____ Secretary _____