## ONE STOP PERMITTING

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

Randall L. Woodfin, Mayor Katrina R. Thomas, Director

APPLICATION / REGISTRATI		EYMAN	Date Case No Master No Project No
Please print legibly and fill in all that apply			
TO: BOARD OF ELECTRICAL EXAMINERS		D	ate:
I,Address:	First	M.I. City/State/Zip: Fax: _()	Social Security No.
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			
		e highest level attained	
			City/State/Zip
Course Completed?			
APPRENTICE SCHOOL TRAINING? Name	e of School:		
□Yes □No Address		Ci	ty/State/Zip
Course Completed? ☐Yes ☐No If not	completed, list years att	tended:	
ADDITIONAL TRAINING? Yes No If yes, give details			
APPRENTICE TRAINING – (A total of 6,000 hours a	apprentice training is require	d by Section 1.9.4 of the E	Electrical Code of the City of Birmingham)
Begin with present employer and work back.  Company	Street Addr	ress From	/ To <b>present.</b> Mo. Yr.
Company	Street Addr	ress	From / To / Mo. Yr.
Company	Street Addr	ress	From / To / Mo. Yr.
Company	Street Addr	ress	From/ To/ 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 If yes, list the Card Number			□Yes □No
Have you previously taken the Journeyman Examination	on?	O 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			
Reason for Disapproval	Noappieved Typ	pilodiion miormation	
		<u>Chairman</u>	
		ATTEST:	
		Secretary	