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

Randall L. Woodfin, Mayor

Katrina R.	Thomas,	Director
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APPLICATION / REGIS	TRATION FOR M	ASTER	Case No Master N	D		
	Please print legibly	and fill in all that apply				
TO: BOARD OF ELECTRICAL EXAMINE	ERS	D	ate:			
I, Last	First			cial Secu	- urity No.	
Address:						
Telephone: () E-mail Address:						
hereby make application for examination for re-	gistration as an Master Ele				e City of	Birmingham.
Journeyman Card No						
				10		40
HIGH SCHOOL GRADUATE?		circle highest level attained			11	12
COLLEGE OR UNIVERSITY GRADUATE?	Address		_ City/S	tate/Zip		
ADDITIONAL TRAINING?						
If you are a licensed Professional Engineer, g	give state(s) in which you	are registered and registrat	tion number.			
State Reg. No		State	Reg. No)		
JOURNEYMAN TRAINING – (A total of two Begin with present employer and work ba				-	-	am)
Company	Street	Address	ו <u>/</u> From			1
Company	Street	Address				/ Mo. Yr.
Company	Street	Address				/ Mo. Yr.
Company	Street	Address				/ Mo. Yr.
Company		Address	110111	Mo.	Yr. 10_	/ Mo. Yr.
IF ADDITIONAL SPACE IS NEEDED, USE ADDITIONAL INFORMATION (Give any add			ring a favorabl	e decision	in this app	plication)
	ar Numbe	rYea	r	Number		
		Yea				
Have you previously taken the Master Examinatic		No If yes, when	Month			Year
I certify that the above statements are tr or false statement made herein will void a	ue and correct to the t any examination or cer	best of my knowledge an tificate issued me upon the tificate issued me upon the tificate issued me upon the tificate is the time time time time time time time tim	d understar nis applicati	nd that ar on.	ny incorr	ect informatio
Signature						
The Board reserves the right to correspo You will be notified by mail of the decisio			k all informa	ation give	n in this	application.
	FOR S	TAFF USE				
Action by Board Approved	Disapproved	Application Information	Verified by:			
Reason for Disapproval				_		
		Chairman				
		ATTEST:				
		Secretary				