



BUILDING DEPARTMENT
City of Beacon

One Municipal Plaza - Suite 1 - Beacon, New York 12508

Application for an Electrical Reciprocal License

Date: _____

Electricians Name: _____

Company Name: _____

Contact Number: _____

Location of Job: _____

Owner of Property: _____

For office use only:

- _____ Certificate of Insurance showing City of Beacon as holder.
- _____ Workers Compensation (C-105) and Disability Benefits (DB-120)
Or you can provide a copy of CE-200 form from NYS
- _____ Photo ID
- _____ Copy of License the electrician holds.
- _____ \$350.00 Fee.
- _____ Electrical Permit