



City of Beacon Building Department

Building Inspector – Lt. Timothy P. Dexter
Deputy Building Inspector – David Buckley
Deputy Building Inspector – Scott McHugh

Application for Examination For Certificate of Competency Master or Special Electricians

To the Building Inspector of the City of Beacon, One Municipal Plaza, Suite 1, Beacon, NY 12508

I hereby apply for examination for certificate of competency and, in compliance with provisions of the New York State Uniform Fire Prevention, Building Code and the Code of the City of Beacon.

1. My name is: _____

2. Date of Birth: _____

3. Place of Birth: _____

4. I am a Citizen of: _____

5. If naturalized give dates and place: _____

6. Home Address: _____

7. Phone Number: _____ Cell Phone Number: _____

8. Business Name: _____

9. Business Address: _____

10. Present Occupation is: _____

11. List your occupation and the names and addresses of your employers during the past ten (10) years:

<u>Occupation</u>	<u>from mo. & yr.</u>	<u>to mo.& yr.</u>	<u>Employer & Address</u>
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12. I now hold or have held certificates of competency (Electrical) issued by the following municipalities (give date of issuance):

13. Attached hereto and made part hereof is evidence in writing that I have had at least seven years experience as a journeyman electrician, such evidence consisting of letters, affidavits or other written papers or documents signed or verified by my employers and/or persons, firms or corporations for whom I have performed major plumbing work as a self-employer or independent contractor. (List names of all master electricians, whose letters, affidavits or other written evidence are attached, by whom you have been employed as a journeyman electrician (not an apprentice) with dates of employment by month and year. Educational credits directly associated with advanced electrical technology may be substituted for up to two years of above requirements.

Master Employing Electrician Year & Month to Year & Month

Institution Year & Month to Year & Month

14. Have you ever applied for a plumbing license in the City of Beacon prior to this date?

_____ If "yes" give dates: _____

Signature of Applicant

Sworn to before me this _____ day
Of _____ 20_____

Notary Public or Commissioner of Deeds