



Application To City Of Richmond For License

The undersigned applies for a license indicated by (X) below as covered by City Ordinance.

Electrical Contractor _____ Heating Contractor _____

Today's Date _____ Exam Date _____

Name _____

Address _____

Home

Phone # _____

Cell

City _____

Phone # _____

State _____ Zip _____ Email _____

Current Employer _____

Address _____

Business

Phone # _____

City _____

Fax # _____

State _____ Zip _____ Web

Address _____

Currently licensed as _____ In _____

For _____ years Exam was taken at _____

I will be doing business as _____

Applicant Signature _____

Application Fee \$10.00 Date Paid _____ Receipt # _____

Test Score for Reciprocal License _____ Date _____

Applicant Passed _____ Applicant Failed _____

Date _____

Board Members Signatures:
