

City of Toledo - Division of Building Inspection – 419-245-1220  
APPLICATION FOR ELECTRICAL EXAMINATION/REGISTRATION

- APPRENTICE REGISTRATION {If program through state, indenture papers must be attached to application} REG FEE \$25.00  
 JOURNEYMAN ELECTRICIAN EXAM FEE \$100.00  
 RESIDENTIAL JOURNEYMAN EXAM FEE \$100.00  
 TRAVELER JOURNEYMAN (submit proper documentation) REG FEE \$100.00

PRINT LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_

PLEASE INDICATE THE REQUIREMENTS YOU MEET BELOW AND PROVIDE DOCUMENTATION AS PROOF.

- TOLEDO JOURNEYMAN CERTIFICATE # \_\_\_\_\_  
 JOURNEYMAN CERTIFICATE BY TESTING IN \_\_\_\_\_ {city} JURISDICTION  
 WORKED AS JOURNEYMAN ELECTRICIAN 4 CONSECUTIVE YEARS  
 GRADUATE FROM AN APPROVED COLLEGE RELATED TO ELECTRICAL FIELD  
 WORKED IN ELECTRICAL CONSTRUCTION INDUSTRY 4 YEARS  
 COMPLETED RECOGNIZED APPRENTICE PROGRAM AT \_\_\_\_\_ SCHOOL OR SHOP  
 HAVE CERTIFICATE OF COMPLETION  
 ENROLLED IN APPROVED APPRENTICE PROGRAM \_\_\_\_\_  
 ENROLLED IN APPROVED RESIDENTIAL TRAINEE PROGRAM \_\_\_\_\_

ADDITIONAL LICENSES OR QUALIFICATIONS I HAVE: \_\_\_\_\_  
\_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ {MUST BE NOTARIZED BELOW} DATE \_\_\_\_\_

Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ in the State of Ohio,

County of \_\_\_\_\_ {notary public}

**YOU MUST COMPLETE THE EMPLOYMENT HISTORY SHEET ON THE REVERSE SIDE OF THIS APPLICATION.**

**ALL DOCUMENTATION MUST BE SUBMITTED AT SAME TIME AS THE APPLICATION {COPIES OF MUNICIPAL LICENSES, CONTRACTOR LETTERS OR PROOF OF QUALIFICATION}.**

**EXAMINATION/REGISTRATION FEE {PAYABLE TO COMMISSIONER OF TREASURY} MUST ACCOMPANY APPLICATION. MAIL TO PO BOX 844, TOLEDO, OH 43697 OR HAND DELIVER TO ONE GOV. CTR., SUITE 1600, @ INTERSECTION OF JACKSON & ERIE STREETS.**

OFFICE USE ONLY BOARD OF CONTROL APPROVAL [ ] DISAPPROVAL [ ]

REASON for disapproval \_\_\_\_\_ DATE \_\_\_\_\_

TEST DATE \_\_\_\_\_ NO SHOW \_\_\_\_\_ PASSED \_\_\_\_\_ FAILED \_\_\_\_\_

EMPLOYERS starting with most recent - NAME AND ADDRESS	From MO YR	To MO YR	Position and Nature of Work	Reason for Leaving

**References**

List three Persons or Business References, NOT RELATED TO YOU.

Name

Address

Phone Number

Occupation

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