



**Economic Development
Building Inspection**

One Government Center
Suite 1600

Toledo, Ohio 43604

phone 419-245-1220

fax 419-245-1329

toledo.oh.gov

APPLICATION FOR ELECTRICAL EXAMINATION/REGISTRATION

- ☐ APPRENTICE REGISTRATION (If program through state, indenture papers must be attached to application)
REGISTRATION FEE \$25.00
- ☐ JOURNEYMAN ELECTRICIAN (Need proof of graduation from Apprentice Program w/8000 hrs)
EXAM FEE \$100.00
- ☐ RESIDENTIAL JOURNEYMAN (Need proof of graduation from Apprentice Program w/8000 hrs)
EXAM FEE \$100.00
- ☐ TRAVELER JOURNEYMAN (submit proper documentation, same as Journeyman above)
REGISTRATION FEE \$100.00

PRINT LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ Last 4 of Social Security Number: _____

PHONE () _____ E-mail: _____

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

- ☐ ENROLLED IN APPROVED APPRENTICE PROGRAM _____
- ☐ COMPLETED RECOGNIZED APPRENTICE PROGRAM AT _____ SCHOOL OR SHOP
- ☐ JOURNEYMAN CERTIFICATE BY TESTING IN _____ (city) JURISDICTION
- ☐ GRADUATE FROM AN APPROVED COLLEGE RELATED TO ELECTRICAL FIELD
- ☐ WORKED IN ELECTRICAL CONSTRUCTION INDUSTRY 4 YEARS
- ☐ HAVE CERTIFICATE OF COMPLETION
- ☐ 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 CITY OF TOLEDO} MUST ACCOMPANY APPLICATION. MAIL 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
