



**City of Sycamore**  
**Building Department**  
 541 DeKalb Ave.  
 Sycamore, IL 60178  
 T#: 815-895-4434  
 F#: 815-895-7572  
 www.cityofsycamore.com

## **ELECTRICAL LICENSE APPLICATION**

*(Print Clearly)*

I hereby make application to the City of Sycamore for an Electrical License Certificate:

### APPLICANT INFORMATION

NAME \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Cell \_\_\_\_\_

### BUSINESS INFORMATION

Corporate Name: \_\_\_\_\_ DBA: \_\_\_\_\_  
 Business Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Business Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Years in Electrical Trade: \_\_\_\_\_

Do you currently possess an electrical license?    Yes                          No   

If Yes, from where? \_\_\_\_\_ **\*Attach copy of license\***

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



Approved: \_\_\_\_\_                      Disapproved: \_\_\_\_\_                      Need to Test: \_\_\_\_\_

Test Date: \_\_\_\_\_                      Number missed: \_\_\_\_\_                      Percentage: \_\_\_\_\_

Building Official: \_\_\_\_\_                      Date: \_\_\_\_\_