



**City of Sycamore**  
**Building Department**  
 541 DeKalb Ave.  
 Sycamore, IL 60178  
 Phone: (815)895-4434  
 Fax: (815)895-7572  
 www.cityofsycamore.com

## ELECTRICAL LICENSE APPLICATION

Name: .....

Address: .....

City: ..... State: ..... Zip: .....

Telephone: ..... Cell: .....

**DBA:** .....

Address: .....

City: ..... State: ..... Zip: .....

Years in Electrical Trade: .....

Do you currently possess an electrical license? Yes  No

If Yes, from where? .....

\*\*Attach copy of license

.....  
 Signature Date: .....

Printed Name: .....

\*\*\*\*\*

Approved: ..... Disapproved: ..... Need to Test: .....

Test Date: ..... Number missed: ..... Percentage: .....

Building Official: ..... Date: .....