CITY OF WAUWATOSA
BUILDINGS & SAFETY DIVISION
7725 WEST NORTH AVENUE
WAUWATOSA, WISCONSIN 53213
(414) 479-8907 PHONE
(414) 479-8986 FAX

ELECTRICAL CONTRACTORS
LICENSE APPLICATION

Call for Inspection: 8:00-9:00 a.m. or 1:00-1:30 p.m.
24 HOUR ADVANCE NOTIFICATION REQUIRED!

License #

Issued

Receipt

Business Name _____ Wauwatosa License # _____

Business Address _____ Phone _____

City _____ State _____ Zip _____

E-mail Address _____ Fax _____

A COPY OF STATE OF WISCONSIN MASTER ELECTRICIAN CERTIFICATION(S), AND BUSINESS CREDENTIAL MUST BE INCLUDED WITH THE APPLICATION!

ELIGIBLE SUPERVISING ELECTRICIAN

☐ Business Member _____ _____
First Middle Initial Last State Certification Number

☐ Employee _____ _____
(Must be full time) First Middle Initial Last State Certification Number

LICENSE FEE - $120.00 *(EXPIRES JUNE 30TH OF EACH YEAR)* MAKE CHECK PAYABLE TO: ***CITY OF WAUWATOSA***

NOTE: Should the supervising electrician resign, the licensee shall notify this department within five (5) business days; the license shall become null and void until a qualified successor is appointed.

No license shall be issued to any person, firm or corporation without evidence to the electrical inspector indicating at least one full time employee with a valid State of Wisconsin master electrician certificate or restricted master electrician certificate. This supervising electrician shall superintend all work performed by the licensee and be available during regular city business hours to discuss any matters involving the installations permitted under the license, the license is not transferable to any other person, firm or corporation, and permits the person(s) named to procure permits only for the use of license named. **Note:** A certified master electrician is **not** permitted to be named on more than one municipal electrical contractor's license application.

I understand that any preceding statement falsely made is sufficient cause for rejection of this application or for revocation of a license.

SIGNATURE MUST BE NOTARIZED!

Signature (Master Electrician) _____ Title _____

STATE OF WISCONSIN)

COUNTY OF MILWAUKEE) _____, being first duly sworn on oath deposes and says that the foregoing statements, subscribed to by him are true to the best of his knowledge and belief and that he personally signed this application.

Subscribed and sworn to before me this _____ day of _____

_____
Notary Public, Wisconsin

My commission expires: _____

Approved by:

Revised January, 2010
Account Number 01-311-4240-000