

**APPLICATION FOR  
ELECTRICAL CONTRACTOR'S LICENSE  
CLASS I  
CITY OF OAK RIDGE TRADE LICENSING BOARD**

**EXAM RESULTS** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Attention Applicant:** This application is a part of your examination procedure and it must be filled in completely and correctly. Any false statement may be considered as a cause for disqualification.

**NAME:** \_\_\_\_\_  
Last First Middle Initial

**HOME ADDRESS:** \_\_\_\_\_  
Number & Street

**CITY :** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE NUMBERS: (Business)** \_\_\_\_\_ **(Residence)** \_\_\_\_\_

How long have you been working in the electrical industry and what kind of work have you done? Please check appropriate boxes and enter dates:

- Commercial From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_  
 Residential From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_  
 Industrial From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_

List below the names of trade/certified schools you have attended. If you have attended no schools, enter "NONE" in the space provided.

Name of School	Location	Course Taken	Month/Year
1. _____			
2. _____			
3. _____			

The Trade Licensing Board has my permission to contact my former and present employers.

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If you answer is no, please explain.

\_\_\_\_\_

\_\_\_\_\_

I have previously taken a proctored Electrical certification/licensing examination and scored 70% or higher within the last two years. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Place Tested \_\_\_\_\_ Score \_\_\_\_\_

Exam No. \_\_\_\_\_ Type Test \_\_\_\_\_

**I certify that the foregoing statements are true and that if I am granted an electrical license as a result of this examination, I will abide by all rules and regulations set forth in the Electrical Code of the City of Oak Ridge.**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**Per Section 12-308**  
**CODE OF ORDINANCES FOR THE CITY OF OAK RIDGE**

Subject to the authority of the Board to set higher standards with City Council approval, the following minimum standards and qualifications shall be met before the Board recommends license approval as required by this Division:

**Class I Electrical Contractor's license.** The applicant must have a regular place of business, supervise or perform electrical work, have a minimum of five (5) years' total full-time experience in the electrical craft, have demonstrated competency, honesty, and integrity in the performance of electrical work, have obtained a score established by the Board's regulations on the written examination prescribed in Section 12-410 and must show evidence of honesty and integrity in his/her former dealings with the public as demonstrated by at least three (3) favorable work references from former clients or employers, such clients or employers to be selected at random by the Board from a two (2) year list submitted by the applicant.

Furnish a **complete** history of your full-time employment in the electrical field. When listing your work experience, give the **month** and **year** of employment with each employer. **Give the current addresses of past employers, including street address, state, zip code, and telephone numbers.**

**RECORD OF EMPLOYMENT**

EMPLOYER: \_\_\_\_\_ TOTAL MONTHS OF EMPLOYMENT: \_\_\_\_\_

EMPLOYED FROM: (Month/Year) \_\_\_\_\_ TO: (Month/Year) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PROVIDE A LIST OF DUTIES YOU PERFORMED IN THE ELECTRICAL CRAFT WHILE EMPLOYED BY THE ABOVE:

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EMPLOYER: \_\_\_\_\_ TOTAL MONTHS OF EMPLOYMENT: \_\_\_\_\_

EMPLOYED FROM: (Month/Year) \_\_\_\_\_ TO: (Month/Year) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PROVIDE A LIST OF DUTIES YOU PERFORMED IN THE ELECTRICAL CRAFT WHILE EMPLOYED BY THE ABOVE:

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EMPLOYER: \_\_\_\_\_ TOTAL MONTHS OF EMPLOYMENT: \_\_\_\_\_

EMPLOYED FROM: (Month/Year) \_\_\_\_\_ TO: (Month/Year) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PROVIDE A LIST OF DUTIES YOU PERFORMED IN THE ELECTRICAL CRAFT WHILE EMPLOYED BY THE ABOVE:

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EMPLOYER: \_\_\_\_\_ TOTAL MONTHS OF EMPLOYMENT: \_\_\_\_\_

EMPLOYED FROM: (Month/Year) \_\_\_\_\_ TO: (Month/Year) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PROVIDE A LIST OF DUTIES YOU PERFORMED IN THE ELECTRICAL CRAFT WHILE EMPLOYED BY THE ABOVE:

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IF ADDITIONAL ROOM IS REQUIRED, PLEASE ATTACH ANOTHER SHEET.