



Office of the City Engineer

20 North 6th Street • Lafayette, Indiana 47901-1412
Phone 765-807-1050 • permits@lafayette.in.gov

RENEWAL (Please include current Certificate of Insurance)

License # _____

Type of License:

- Commercial/Industrial Electrical Contractor License
Annual Renewal-----\$100.00
- Residential Electrical Contractor's License
Annual Renewal-----\$75.00
- Commercial/Industrial Electrician's License
Annual Renewal-----\$20.00
- Residential Electrician's License
Annual Renewal-----\$15.00
- Temporary Permit (Issued for 30 days)-----\$25.00
- Late Renewal -----\$25.00

| FOR OFFICE USE ONLY | |
|---------------------|-------|
| Amount: | _____ |
| License#: | _____ |
| Issue Date: | _____ |
| Exp. Date: | _____ |
| Processed by: | _____ |

If received more than 15 days after expiration it is a \$25 late fee. If late more than 6 months you must reapply and pay the new license fee.

Name of Electrician: _____

Your Title: _____ Cell Phone #: _____

Please check if you have trainees. (Please attach list of all current trainees)

Business Name: _____

Business Address: _____

City: _____ State: _____ ZIP: _____ Work Phone #: _____

Work Email : _____

Detail of Continued Education or Training (Attach documents/letters/verification):

This application must be signed and dated. Signature indicates the information is complete and accurate. Sanctions may be imposed including denial, fines suspension or revocation of my license if this information is found to be false. Applicant is responsible for maintaining current license information, in addition to submitting proof of current General Liability Insurance in the minimum amount of Two Hundred Fifty Thousand Dollars (\$250,000).

SIGNATURE

DATE



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Name of Electrical Contractor Licensee

D/B/A

Names of Employees:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I, _____ (PRINT NAME) authorize the employees listed above to be covered by my professional license and affirm the above listed employees will be under my supervision as required for exemption under Chapter 13.06, Section 1.4(h).

(Signature)

(Date)