2022 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
229 S. Second St.
Elkhart, IN 46516
574-294-5471 Fax: 574-970-1361
www.elkhartindiana.org

***THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSE HOLDER BEFORE A LICENSE WILL BE ISSUED.**

TYPE OF APPLICATION **(CIRCLE ONE ONLY):** ***NEW*** ***RENEWAL*** ***DATA CHANGE***

(PLEASE PRINT CLEARLY & FILL IN ALL AREAS)

NAME: _____
LAST FIRST MI

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ E-MAIL: _____

CELL PHONE: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WORK PHONE: _____ FAX NUMBER: _____

Notification in writing is required when making any information changes above.
The undersigned states that all the above information is true and correct.

SIGNED: _____ DATE: _____

Last four digits of SSN. XXX-XX-_____

OFFICE USE ONLY

License #_____ Amount: $_____

ACCEPTED BY: _____ DATE: _____