

City of Tempe
Community Development
Building Safety
31 East Fifth Street
Tempe, AZ 85280
480-350-4311
www.tempe.gov



**APPLICATION FOR EXAMINATION FOR MAINTENANCE
ELECTRICIAN'S CERTIFICATE OF REGISTRATION**

Instructions: Please type or print the information requested below, read the attached requirements and sign the application. Please submit to the Building Safety Division at the address listed above.

Name: _____
 First Middle Initial Last

Street Address: _____

City, State, Zip: _____

Telephone No. _____ Email: _____
 Home / Office / Cell

Do you now hold, or have you ever held a license as an Electrical Contractor or Electrician?

Yes _____ No _____

If yes, in what City and State _____
 City State

How many years' experience have you had in the electrical industry? _____

Give a brief review of your experience or training in the electrical industry. _____

For whom will you be employed as a Maintenance Electrician?

Name of Company: _____

Address of Company: _____

Type of Business: _____

How many full-time plant maintenance personnel will you supervise? _____

I hereby certify that I have read this application and the Requirements for Maintenance Electrician's Certificate of Registration (attached) and understand that a violation of said requirements is grounds for suspension or revocation of a Maintenance Electrician's Certificate.

_____ *Date*

_____ *Signature of Applicant*

For City of Tempe Use Only			
Date Application Received:		Application Reviewed By:	
Fee Amount Paid & Validation:			
Examination Date:			
Exam Corrected By:		Grade Received (%):	
Applicant Notified of Grade:		Certificate Mailed:	
File Notated:			