APPLICATION FOR APPRENTICE

ELECTRICIAN CERTIFICATE OF REGISTRATION

SHELBY COUNTY, ALABAMA

TYPE OR PRINT ONLY

TO: BOARD OF ELECTRICAL EXAMINERS

DATE: _____

_____ _____ ____
LAST NAME **FIRST NAME** **MI**

_____
ADDRESS

_____ _____ _____
CITY **ST** **ZIP**

( ) _____ - _____
HOME PHONE

_____/_____/_____
BIRTHDATE

_____/_____/_____
*** SOCIAL SECURITY NUMBER**

*** (1) The request for a Social Security Number is optional and applicant may substitute in lieu thereof a photo static copy of a current and valid driver's license issued by the UNITED STATES of America or any of its fifty states; or (2) A photo static copy of any current and valid official governmental identification card containing applicant's name and photograph issued by the UNITED STATES of America or any of its fifty states.**

_____
APPRENTICE CARD NUMBER

_____
COMPANY NAME

( ) _____ - _____
WORK PHONE