

**APPLICATION FOR RENEWAL OF
MASTER ELECTRICIAN'S LICENSE**

Master Electrician's Name: _____

Certificate Number: _____

Master Electrician's Address _____

Home Phone : _____ Cell Phone _____

Company Name: _____

Company Address: _____

Company Phone: _____ Company Fax: _____

E-mail Address: _____

**** Must Have ****

(will be used for Electrical Code updates)

Has your position or any other information changed since your last renewal application? (If so please explain.)

Insurance Agent Name and Phone Number:

Signature: _____

Title: _____

Date: _____

**RENEWAL FEE: \$100 (NON-REFUNDABLE)
CHECK OR MONEY ORDER ONLY
PAYABLE TO THE TOWN OF TONAWANDA**