

CITY OF SYRACUSE
BOARD OF ELECTRICAL EXAMINERS
APPLICATION FOR ELECTRICIAN'S LICENSE

A. MINIMUM QUALIFICATIONS:

A license shall be granted to an applicant who has proven to the satisfaction of the Board that he is a competent electrician qualified to do electrical contracting, construction and installation work, and electrical wiring; and by passing the licensing examination to show that he possesses a working knowledge of electricity and the natural laws and functions of electricity and of appliances, apparatus and devices for electric light, heat and power purposes used and required in the scope of work for which he is making application combined with practical working knowledge of the City Ordinances relating to electrical work and the provisions of the National Electric Code.

No person shall be examined by the Board for a Master Electrician License unless he shall have a minimum of ten (10) years experience directly related to the electrical industry of which five (5) years shall have been working directly on the installation and maintenance of electrical systems and three (3) of those five (5) years shall have been on new construction of commercial and/or industrial installations.

No person shall be examined by the Board for a Limited Electrician License unless he shall have a minimum of five (5) years experience directly related to the electrical industry; of which a minimum of three (3) years shall have been working directly on the installation and maintenance of electrical systems, and one (1) of those three (3) years shall have been on new residential construction.

No person shall be examined by the Board for a Special Electrician-Heaters unless he shall have a minimum of three (3) years experience directly related to the installation of residential heating equipment; of which a minimum of one (1) of those three (3) years shall have been working directly on the installation and maintenance of residential heating equipment.

No person shall be examined by the Board for a Special Low Voltage or Communication License unless they can show the qualifications to perform the work that is in the scope of the definition shown in the City of Syracuse Electrical Ordinance.

B. INSTRUCTIONS TO THE APPLICANT:

You are required to document each year's work experience for the license category for which you are applying (see above). Proof acceptable to the Board may be W2 forms, Underwriter's Permits and 1040 forms, if self-employed. Letters from employers or the union should state the type of electrical work performed and the length of each job.

One (1) year's work experience is equal to 2000 hours.

NEW CONSTRUCTION IS ELECTRICAL WORK DONE IN NEWLY-CONSTRUCTED BUILDINGS. IT IS NOT NEW ELECTRICAL WORK IN AN EXISTING BUILDING.

RETURN APPLICATION BY: Call or see Licensing Web Page Update

REVIEW DATE & TIME: Call or see Licensing Web Page Update

EXAM DATE: Call or see Licensing Web Page Update

LOCATION OF EXAM: Call or see Licensing Web Page Update

Please Call 315-448-8773 for the above information.

BOARD OF ELECTRIC EXAMINERS
ELECTRIC LICENSE APPLICATION

INSTRUCTIONS TO APPLICANT:

1. FILL OUT THE APPLICATION COMPLETELY AND ACCURATELY.

SUBMIT THE COMPLETED APPLICATION WITH SUPPORTING DOCUMENTATION, WITH A CHECK FOR MASTERS - \$200, LIMITED - \$100, SPECIAL - \$75 PAYABLE TO THE COMMISSIONER OF FINANCE.

3. RETURN TO: DIVISION OF CODE ENFORCEMENT
201 E. WASHINGTON ST.
SYRACUSE, NY 13202 PHONE #: 315-448-8773

4. PLEASE NOTE: IF YOU HAVE TAKEN THE EXAM BEFORE YOU DO NOT
HAVE TO BE REVIEWED.

LICENSE APPLYING FOR: _____ MASTERS
_____ LIMITED
_____ SPECIAL/HEATERS
_____ SPECIAL/LOW VOLTAGE OR COMMUNICATION

NAME OF APPLICANT: _____

ADDRESS: _____

BUSINESS ADDRESS: _____

HOME TELEPHONE: _____ BUSINESS TELEPHONE _____

LAST 4 DIGITS OF SS# _____

HAVE YOU PREVIOUSLY TAKEN THE EXAM LICENSE? _____ IF YES, DATE _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

IF YES, GIVE DATE AND PLACE OF CONVICTION _____

CURRENT EMPLOYER: _____

ADDRESS: _____

SUPERVISOR'S NAME: _____

DATES WORKED: _____ TO _____ REASON FOR LEAVING _____

JOB DUTIES: _____

COLLEGE OR TECHNICAL SCHOOL ATTENDED: _____

MAJOR FIELD OF STUDY: _____

DATE GRADUATED: _____ DEGREE RECEIVED: _____

ADDITIONAL EDUCATION: _____

ALL DOCUMENTATION OF WORK EXPERIENCE WILL BE REVIEWED BY THE BOARD OF ELECTRIC EXAMINERS AT YOUR QUALIFICATION REVIEW SESSION.

I CERTIFY THAT ALL INFORMATION SUBMITTED TO THE BOARD OF ELECTIRC EXAMINERS IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ DATE _____

NOTARY PULBIC/COMMISSIONER OF DEEDS _____