

Profession 303 – Supervising Electrician License - Retake Exam

Fee*: _____ Exam Date*: _____

*For manual entry, the applicable fee and exam date can be found on www.continentaltesting.net.

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Driver's License #: _____

Email: _____ Phone: _____ Date of Birth: _____

Present Occupation: _____ Social Security Number: _____

Employer's Name: _____ Employer's Name: _____

SE's Name: _____ SE's Name: _____

Supervising Electrician's Lic. #: _____ Supervising Electrician's Lic. #: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Period of Employment From: _____ To: _____ Period of Employment From: _____ To: _____

Have you ever been licensed as an Electrician? YES _____ NO _____

If YES, where were you licensed? Company: _____ State: _____

If YES, what was the time period? From: _____ To: _____

Have you ever taken the City of Chicago's Supervising Electrician License Exam? YES _____ NO _____

If YES, when did you most recently take the exam? Date: _____

Identify the class of electrical work in which the applicant desires to engage: (Select one)

General Electrical ___ Maintenance ___ Sign ___ Theater ___ Health Maintenance ___ Low Volt ___ Elevator ___

BY THE SUBMISSION OF THIS APPLICATION AND SUPPORTING DOCUMENTS IN ELECTRONIC AND/OR WRITTEN FORMAT, I, UNDER PENALTY OF PERJURY, DO HEREBY AFFIRM AND ATTEST THAT THE ABOVE AND ANY SUPPLEMENTAL INFORMATION SUBMITTED IS TRUE, COMPLETE, AND CORRECT AND ACKNOWLEDGE THAT INCORRECT, INCOMPLETE OR MISLEADING INFORMATION IS GROUNDS FOR DENIAL OR REVOCATION OF A LICENSE, CERTIFICATION OR REGISTRATION OR THE IMPOSITION OF ANY OTHER PENALTIES OR SANCTION UNDER LAW.