

Cost is \$75.00

Fee Submitted _____
Check # _____
Rec'd by _____
Date _____



Village of Weston Electrical Contractors Application Form

Date of Application: _____

Applicants Name: _____

Company Name: _____

Company's Mailing Address: _____

Company Phone Number: _____

Company Fax Number: _____

You must include proof of liability insurance with this form.

List the name of state certified master electrician(s) employed with this firm if any and credential number(s). (Only one is required)

_____	_____
_____	_____
_____	_____
_____	_____

OR

Name of municipalities for which you hold a valid electrical license.
(Only one is required)

_____	_____
_____	_____