

Approval by Board \_\_\_\_\_

Date \_\_\_\_\_

License No. \_\_\_\_\_

TO: The Borough of Chambersburg  
Electricians' Examining Board  
100 South Second Street  
Chambersburg, PA 17201  
Email application to: jcappuccio@chambersburgpa.gov  
Phone: 717-251-2430; FAX# 717-261-3240

REQUEST PERMISSION TO TAKE MASTER ELECTRICIAN EXAMINATION  
AND RECEIVE MASTER LICENSE - FEE - \$50.00

REQUEST FOR SPECIAL LICENSE TO PERFORM A SPECIFIED CONTRACT  
(1 ANNUALLY) FEE - \$300.00

REQUEST FOR LIMITED LICENSE TO WORK AS AN EMPLOYEE OF A PRIMARY  
POWER CUSTOMER OF BOROUGH OF CHAMBERSBURG (PLANT LICENSE)  
FEE - \$50.00

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

Present Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

**REQUIRED EXPERIENCE FOR EXAM: Applicant must have a minimum of four years (full time) experience or two years' experience with two years' training from an accredited school.**

**REQUIRED EXPERIENCE FOR SPECIAL LICENSE: Applicant must furnish evidence satisfactory to the Electricians' Examining Board of his skill, experience, training, and current active practice as an electrician, as indicated by a license issued by another municipality or other evidence of comparable achievement.**

**EDUCATION:**

High School \_\_\_\_\_  
Year Graduated \_\_\_\_\_ Name of School \_\_\_\_\_

Trade School/Course \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
No. of years \_\_\_\_\_ Year Graduated \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
No. of years \_\_\_\_\_ Year Graduated \_\_\_\_\_

ELECTRICAL EXPERIENCE:

Names of Employer under which  
You practiced electrical trade:

Location:

Years  
From: To:

1. \_\_\_\_\_

Job Duties \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_

Job Duties \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_

Job Duties \_\_\_\_\_  
\_\_\_\_\_

Have you served a recognized apprenticeship? \_\_\_\_\_ (send verification)

Name of Community(ies) where you have practiced as a Licensed Master Electrician:

\_\_\_\_\_ License # \_\_\_\_\_ (send copy of License/Certificate)

\_\_\_\_\_ License # \_\_\_\_\_ (send copy of License/Certificate)

TRADE AND BUSINESS REFERENCES:

To be answered by all applicants.

Name

City

Phone No.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Are you familiar with Electrical Standards of the Borough of Chambersburg?

Yes \_\_\_\_\_ No \_\_\_\_\_

If answered No, you can request at copy by calling 717-251-2430.

CONTRACT JOB INFORMATION:

To be answered by SPECIAL License Applicants ONLY.

Address of Location \_\_\_\_\_

Description of Project \_\_\_\_\_

Estimated Duration \_\_\_\_\_

CHARACTER REFERENCES:

	<u>Name</u>	<u>City</u>	<u>Phone No.</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

If granted a license, what are your intentions:  
(Check all applicable.)

Continue practice outside of Chambersburg

Establish a business of your own in Chambersburg. If so, what type?

Wire new dwellings

Appliance Service

Wiring commercial buildings

Repair & Renovation Work

Wire industrial buildings

Work for presently established business in Chambersburg.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

NOTE: ELECTRICAL INSPECTORS FOR CHAMBERSBURG ARE:  
Accredited Services  
Commonwealth Electrical Inspection Service  
Middle Department Inspection Agency  
PA Municipal Code Alliance\*

\*UCC Inspectors for the Borough of Chambersburg