

## City of Mobile

## **Urban Development Department**

324 South University Boulevard Phone: (251) 343-5687 or (251) 343-6713 Fax: (251) 343-5312

## !!ATTENTION!! ALL TEST FEES ARE NON-REFUNDABLE

PLEASE FILL OUT COMPLETELY, ATTACH ALL INFORMATION TO APPLICATION, LIST ADDITIONAL EXPERIENCE, TRAINING, TRADE SCHOOL ATTENDANCE, CODE CONFERENCES, ETC., WITH NUMBER OF YEARS. MUST FURNISH COPY OF EDUCATION CERTIFICATE, DIPLOMA AND DEGREE.

| TEST DATE:           | DEADLIN                       | VE:                       | DATE:               |                     |                |  |  |
|----------------------|-------------------------------|---------------------------|---------------------|---------------------|----------------|--|--|
| MASTER               | JOURNEYMAN                    | ASSOC. JOU                | ASSOC. JOURNEYMAN   |                     | SPECIAL SYSTEM |  |  |
| TO                   | THE BOARD OF ELEC             | CTRICAL EXAMINER          | S OF THE CITY OF    | MOBILE, ALABAMA     |                |  |  |
|                      | 2                             | APPLICATION FOR E         | EXAMINATION         |                     |                |  |  |
| *NOTE: APPLIC        | CATION MUST BE FILL           | ED OUT COMPLETEI          | LY ON A TYPEWRI     | TER OR PRINTED IN I | NK.            |  |  |
| CURRENT CERT         | IFICATE NO                    | APPLICATION NO            |                     |                     |                |  |  |
| If you have been ex  | xamined by the Board of Ele   | ectrical Examiners previo | ously, give dates:  |                     |                |  |  |
| NAME IN FULL: PHONE: |                               |                           |                     |                     |                |  |  |
| PERMANENT AD         | DDRESS:                       |                           |                     |                     |                |  |  |
|                      | No.                           | Street                    | City                | State               | Zip            |  |  |
| SEX                  | AGE WEIGH                     | T HEIGHT                  | T HAII              | R EYES _            |                |  |  |
| DATE OF BIRTH        |                               | _ PLACE OF BIRTH _        |                     | SS#                 |                |  |  |
| CURRENT EMPL         | OYER                          |                           | POSITION            |                     |                |  |  |
| ADDRESS              |                               | PHC                       | PHONE DATE EMPLOYED |                     |                |  |  |
|                      |                               | WORK HIST                 | ГORY                |                     |                |  |  |
| State the time you   | have served in the trade as a | an Electrician/Special Sy | stem Installer:     | YrsMos.             |                |  |  |
| •                    | tinuously engaged in worki    |                           |                     |                     | Yes No         |  |  |
| ·                    | ere you have been engaged     |                           | ·                   |                     |                |  |  |
|                      |                               | •                         | •                   |                     |                |  |  |
|                      |                               |                           |                     |                     |                |  |  |
|                      |                               |                           |                     |                     |                |  |  |
| Employer:            |                               | Pho                       | ne:                 |                     |                |  |  |
| Address:             |                               |                           |                     |                     |                |  |  |
| Date employed:       |                               | _ To:                     | Length              | of time employed:Y  | rsMos.         |  |  |

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| Employer:                     |                                     |                     | Phone:                     |  |              |          |
|-------------------------------|-------------------------------------|---------------------|----------------------------|--|--------------|----------|
| Address:                      |                                     |                     | Position:                  |  |              |          |
| Date employed                 | l:                                  | To:                 |                            | Length of time employed:   | Yrs          | Mos.     |
| Employer:                     |                                     |                     | Phone:                     |  |              |          |
| Address:                      |                                     |                     | Position:                  |  |              |          |
| Date employed                 | l:                                  | To:                 |                            | Length of time employed:   | Yrs          | Mos.     |
| Employer:                     |                                     |                     | Phone:                     |  |              |          |
| Address:                      |                                     |                     | Position:                  |  |              |          |
| Date employed                 | l:                                  | To:                 |                            | Length of time employed:   | Yrs          | Mos.     |
| Are you license               | ed as an Electrician/Special        | Installer in any ot | ther municipality?         |  |              |          |
| If so, which m                | unicipality?                        |                     |                            |  |              |          |
|                               |                                     |                     |                            |  |              |          |
|                               |                                     | Educ                | ation and Training         |  |              |          |
| State all related             | d education, training and cer       | tificates with date | es. Attach copies of c     | ertificates, diploma and degree to                                 | this applica | ation.   |
|                               |                                     |                     |                            |  |              |          |
|                               |                                     |                     |                            |  |              |          |
|                               |                                     |                     |                            |  |              |          |
|                               |                                     |                     |                            |  |              |          |
|                               |                                     |                     |                            |  |              |          |
| This application              | on shall be in the office of        | the Chief Electric  | and Improved on trysometry | (20) days maior to the assemination                                | m data and   | ahall ha |
|                               |                                     |                     |                            | (20) days prior to the examination of Journeyman/Special System In |              |          |
| [from Mobile b                | pank only] money order or co        | ashier's check). I  | Make check or money        | order payable to the City of Mob                                   | oile.        |          |
| APPLICANT'S                   | S SIGNATURE                         |                     |                            |  |              |          |
| Place (6) recent be returned. | nt unmounted photographs he         | ere: Approximate    | ely 1" x 2" in size. T     | These become the property of the                                   | Board and    | will not |
| MAIL TO:                      | URBAN DEVELOPME<br>ATTENTION: CHIEF |                     |                            |  |              |          |

324 South University Boulevard Mobile, Alabama 36609

Any person shall be eligible for examination as a Master Electrician who has been in actual employment as a certified Journeyman Electrician for at least one (1) year, or has passed a previous examination with the City of Mobile as a Master Electrician, or has a professional electrical engineering license, or such experience in the electrical field as shall be approved by the Board of Electrical Examiners, or has had five (5) years of such experience in the design of electrical systems and their construction as shall be approved by the Board of Examiners.

An applicant for a Certificate of Competency as a Journeyman Electrician must have had at least four (4) years practical experience as an apprentice or a current Journeyman or Master Electrician in another jurisdiction of Alabama or other training approved by the Board of Electrical Examiners.

An applicant for a Certificate of Competency as an Associate Journeyman must have had at least two (2) years practical experience as an apprentice of a Journeyman Electrician or Master Electrician, or shall be sponsored by the Electrical Department of the City of Mobile or must have had other training approved by the Board of Electrical Examiners.