



Electrical Master Permit Registration (Application)

Date Submitted: _____ Submitted By: _____

If your facility consists of more than one building, a simple map of your facility that depicts the locations of all structures, MUST be submitted with this form.

Facility Name & Address:	Name:	Address:
	City:	State/ZIP:
Address of each additional Facility: <i>(Use additional form, if needed)</i>	1. Name:	Address:
	2. Name:	Address:
	3. Name:	Address:
Facility Owner (If different):	Name:	Address:
Applicant (required):	Name:	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Contractor
	Cell:	Email:
Responsible Party (required): <i>(Responsible for Monthly Reports and Electrical Installations)</i>	Name:	
	Cell:	Email:
Accounts Payable Rep (Invoice/Statement)(required):	Name/Position:	P.O./Address:
	Phone:	Email:
Inspection Contact <i>(Onsite person for inspections)(required):</i>	Name:	Electrical License #:
	Cell:	Email:
FACILITY Signing Supervisor/Engineer: <i>(if none, enter None)</i>	Name:	Cell:
	Signature:	License #:

Please list all electrical personnel employed. (This section does not apply to electrical contractors)
Attach copies of the individuals' licenses, use additional forms if needed.

Do you have Journeyman Electrician(s) working as an LME?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	License Type:	License #:
Name:	License Type:	License #:
Name:	License Type:	License #:
Name:	License Type:	License #:

Please list name(s) of contractor(s) whose work will be included under the master permit registration.
An official written agreement with Contractor **MUST BE IN AFFECT** - Attach a copy of the contract or letter of agreement.

Contractor Name:	Type of Work:
Contractor Name:	Type of Work: