ELECTRICAL CONTRACTOR VERIFICATION

Electrical Contractor: __________________________________________

Phone Number: _______________________________________________

Fax Number: _________________________________________________

Email for Company: ___________________________________________

BCD License No.: _____________________________________________

CCB Reg. No.: _______________________

Signature of Supervising Electrician License No.

Print of Supervising

This form is kept on file to verify the electrical contractor’s information. Having the signature on file allows us to create a permit without having all the regular applications completed. Please contact us when there are any changes to your company that would affect this form.