



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.