

Village of Cedarhurst
200 Cedarhurst Avenue,
Cedarhurst, NY 11516
(516) 295-5770 Fax: (516) 295-1077

**ELECTRICIAN'S
LICENSE APPLICATION**

Date: _____

Electrician's Name: _____

Company Name or DBA Name: _____

Mailing Address: _____

City/Town: _____ Zip: _____

Business Phone #: _____ Cell Phone #: _____

Email Address: _____

Previous Year Village of Cedarhurst License #: _____

Reciprocal License #: _____ Agency: _____

Insurance Carrier Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Copy of Current License & Current Insurance Documents
(Workman's Comp. and Liability) must be provided with application.
Applicant Must maintain insurance coverage.

Applicants Signature: _____ Date: _____

Village of Cedarhurst Use Only

Fee Paid: _____ Receipt #: _____ Verified by: _____

Lic. # Assigned: _____ Valid: June 1, 20 ____ to May 31, 20 ____