

## Renewal Information Form (Electrician/Plumber)

**License Holder:**

\_\_\_\_\_   
Date

\_\_\_\_\_   
Name of Company

\_\_\_\_\_   
License #

\_\_\_\_\_   
License Holder Name

\_\_\_\_\_   
Phone #

\_\_\_\_\_   
Address/Street

\_\_\_\_\_   
Cell Phone #

\_\_\_\_\_   
City/State/Zip Code

\_\_\_\_\_   
Fax #

\_\_\_\_\_   
E-Mail Address

*\*\*\*If License Holder has changed, a new application process is required\*\*\**

**Please list any employees authorized to sign for permits:**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_