



Town of North Hempstead

Department of Building Safety, Inspection & Enforcement



210 Plandome Road, Manhasset, NY 11030-2326

www.northhempsteadny.gov

Electrical Inspection Agency Certification Acknowledgement

App #: _____

Name: _____

Phone: _____

Address: _____

Email Address: _____

City, State Zip: _____

STATE OF NEW YORK)
) SS:
 COUNTY OF _____)

I, _____ hereby declare, under oath, that I fully understand and have answered all
Applicant Name – Business Name
 questions on my **Application for Certificate of Competency and/or Electrical License** truthfully; that I am the person who is to be
 examined if examination is required, and that I have affixed my signature to this application.

I, _____ being duly sworn, depose and state that I own and operate an **Electrical**
Applicant Name
Inspection Agency at _____
Address and Phone Number

I understand that falsification of this information or by not informing the Town of North Hempstead of any relocation from the above noted address will cause revocation of the applied for an **Electrical Inspection Agency Certification**.