Town of North Hempstead

Department of Building Safety, Inspection & Enforcement

210 Plandome Road, Manhasset, NY 11030-2326
www.northhempsteadny.gov

Reciprocal Electrician Acknowledgement

App #:

Name: _____ Phone: _____

Address: _____ Email Address: _____

City, State Zip: _____

Electrical License Number: _____

Town of Issuance: _____

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

I, _____ hereby declare, under oath, that I fully understand and have
Applicant Name – Business Name

answered all 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 conduct an Electrical
Applicant Name

Business 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 Electrical License.

_____
Signature of Business Owner

Sworn to me this _____ day of _____, year_____

_____
Signature of Notary Public