RETAKE
JOURNEYMAN ELECTRICIAN APPLICATION

I, the undersigned, hereby make application for examination as Journeyman Electrician in accordance with ACT 88-129 State of Alabama.

NAME IN FULL: _____
(Last) (First) (Middle)

RESIDENCE ADDRESS: _____

_____
(City) (State) (Zip Code)

TELEPHONE NUMBER WITH AREA CODE: _____

EMAIL ADDRESS: _____

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

_____
(City) (State) (Zip Code)

BUSINESS MAILING ADDRESS: _____

_____
(City) (State) (Zip Code)

TELEPHONE NUMBER (Business) _____ FAX _____
(Area Code) (Area Code)

PREFERRED MAILING ADDRESS ❑ Residence ❑ Business ❑ Business Mailing

Last Four SSN:_____

_____ _____
SIGNATURE OF APPLICANT **DATE**

THE COMPLETED APPLICATION MUST BE RETURNED ALONG WITH THE EXAMINATION FEE OF $115.00 IN THE FORM OF CASHIERS CHECK OR MONEY ORDER (PERSONAL CHECK AND BUSINESS CHECKS WILL NOT BE ACCEPTED)

PLEASE MAKE CHECKS PAYABLE TO:
ALABAMA ELECTRICAL CONTRACTORS BOARD

SUBMIT TO:
The Alabama Electrical Contractors Board
2777 Zelda Road
Montgomery, AL 36106

aecb (7-2-14)