

EC RETAKE MARK EXAM TYPE

<input type="checkbox"/>	Electrical Contractor
<input type="checkbox"/>	NASCLA EC
<input type="checkbox"/>	EC NASCLA Business & Law

I, the undersigned, hereby make application for examination as an Electrical Contractor in accordance with ACT 85-921 State of Alabama.

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

RESIDENCE ADDRESS: _____

(City) (State) (Zip Code)

TELEPHONE NUMBER WITH AREA CODE: _____

EMAIL ADDRESS: _____

TO CONDUCT BUSINESS AS (Check one only):

Proprietorship Corporation Partnership Other (Specify)

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 \$165.00 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**