Form EC-2

P.O. Box 301008
Montgomery, Alabama
36130

STATE OF ALABAMA
ELECTRICAL CONTRACTORS BOARD

Phone: (334) 679-1020
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www.aecb.alabama.gov

SECTION A: BUSINESS INFORMATION

1. Business Name: _____

2. Address:_____
Street

_____
City County State Zip code

3. Mailing Address:_____
Street

_____
City County State Zip code

4. Home Phone:_____ Work Phone:_____ Cell Phone:_____

5. Email: _____

New applicants will be issued a certification when application is filed:

To fully process application please enclose the processing fee by check, credit card or money order made payable to "State of Alabama". See Section E on form EC-1 to enter payment information.

I, do declare and affirm under penalty of perjury that the foregoing information is true and complete to the best of my knowledge and belief. See Section B if applicant is not the owner/proprietor of the business listed above.

APPLICANT SIGNATURE:_____ DATE: _____

SECTION B: VERIFICATION OF EMPLOYMENT

The undersigned confirms that the business entity listed above is a bona fide electrical contracting organization and the applicant is a current employee, partner, or member of that organization.

Name _____ Title _____ License No_____

Be advised your application could be delayed if you use a 3rd party licensing organization. The Board cannot discuss your application information with anyone except the applicant. An affidavit from the processor is insufficient to discuss your licensing information.