

**DEPARTMENT OF BUILDINGS
VILLAGE OF WILLISTON PARK
494 WILLIS AVENUE
WILLISTON PARK, NEW YORK 11596
TEL# 516-877-1521
FAX# 516-746-7109**

APPLICATION FOR REGISTRATION AS MASTER ELECTRICIAN

CALENDAR YEAR: _____

VILLAGE LICENSE NO: _____

APPROVAL DATE: _____

NAME OF ELECTRICIAN: _____

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____

BUSINESS TEL. NO: _____

MASTER ELECTRICIANS LICENSE NO: _____

JURISDICTION OF LICENSE: _____

REQUIRED DOCUMENTS:

1. COPY OF MASTER ELECTRICIAN LICENSE
2. CERTIFICATE OF LIABILITY INSURANCE
3. CERTIFICATE OF COMPENSATION INSURANCE – NOT ON AN ACORD FORM

INSURANCE FORMS MUST BE MADE OUT TO THE VILLAGE OF WILLISTON PARK AS THE CERTIFICATE HOLDER