

2026 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): ☐ NEW ☐ RENEWAL ☐ DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): _____

HOME ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

CELL PHONE: _____ **E-MAIL:** _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

WORK PHONE: _____ **E-MAIL:** _____

**THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR
THE LICENSE TO BE ISSUED.**

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE.
THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE: _____ **DATE:** _____

OFFICE USE ONLY:

ACCEPTED BY: _____ **DATE:** _____

LICENSE #: _____ **FEE PAID:** _____