State of Alabama
The Alabama Board of Electrical Contractors
2777 Zelda Road
Montgomery, AL 36106
(334) 420-7232
Fax (334) 263-6115
www.aecb.alabama.gov

I. Request for Verification of License

Applicant: Complete the top portion of this request. Then submit to State Agency you Hold a license for completion of part II.

_____

Name Applying for License that passed State Exam

Company Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____
License Number: _____

Signature of Licensee: _____ **Date:** _____

II. Verification of License

Verifying State: Please furnish the information requested sign / seal and return to applicant to be included with the application.

Name of Licensee / Company Licensee is affiliated with. Name of person who passed Exam must be listed.

Classification(s) Held: _____
License issue Date: _____
Expiration Date: _____
License Status: _____
License Restrictions: _____

Licensed By: __ **Exam – Type & Score** _____
__ **Endorsement – State** _____
__ **Waiver** _____ _____
Complaints: __ **No**__ **Yes (attach information on complaint / disciplinary action)**

Signature: _____ **Title:** _____

Agency: _____ Date: _____ **(Seal)**