



# CITY OF TONAWANDA, NEW YORK

OFFICE OF THE BUILDING INSPECTOR  
200 Niagara Street · Tonawanda, New York 14150-1099  
Phone: (716) 695-1806 Fax: (716) 743-8870

**RONALD J. PILOZZI**  
*Mayor*

**KEVIN A. RANK**  
*Building Inspector*

## NOTICE OF NEW REQUIREMENTS FOR ELECTRICIANS

Please be advised that effective July 1, 2010 the City of Tonawanda will require that any person or firm that installs electrical wiring or equipment for hire in The City of Tonawanda will be required to obtain a City of Tonawanda Electrician Certificate of Competency and a City of Tonawanda Electrical License.

If a person or firm currently has a valid electrical license with a municipality that requires testing then the requirement for testing will be waived until December 31, 2010. After this time anyone applying for a new Electrical License will be required to comply with the new testing requirements of The City of Tonawanda. Proof of a current license, a completed application for a Certificate of Competency and a check for \$100.00 will be required to obtain a City of Tonawanda Electrician Certificate of Competency.

Once a Certificate of Competency has been issued then the person or firm may apply for a City of Tonawanda Electrical License. A completed license application, a copy of a City of Tonawanda Electrician Certificate of Competency, all required insurance certificates and a check for \$100.00 will be required to obtain a City of Tonawanda Electrical License. Any person or firm currently holding a City of Tonawanda Contractors License may transfer this license to an Electrical License without paying the \$100.00 license fee. A copy of your current City of Tonawanda Contractor License will be required to waive the fee.

Currently all inspections will still be done by third party electrical inspectors. You will be required to provide your current City of Tonawanda Electrical License number when applying for an inspection with any of the approved agencies.

If you wish to obtain a City of Tonawanda Electrical License please complete all required enclosed paper work and return it with all other required documents and fees to our office. A Certificate of Competency and License will be returned by mail when all requirements are met. These items may also be brought to the office.

If you have any questions please contact Kevin Rank at 716-695-1806.

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200 NIAGARA STREET  
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Phone: 716-695-1806 Fax: 716-743-8870  
email:krank@ci.tonawanda.ny.us

FEE: \$100.00

LICENSE # \_\_\_\_\_

MAKE CHECKS PAYABLE TO: TONAWANDA CITY TREASURER

**APPLICATION FOR ELECTRICIAN CERTIFICATE OF COMPETENCY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ No. of years in Electrical Business: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

List below current licenses held. (Provide copies of Licenses)

| Municipality | License Number | Date Issued | Date Expires |
|--------------|----------------|-------------|--------------|
| _____        | _____          | _____       | _____        |
| _____        | _____          | _____       | _____        |
| _____        | _____          | _____       | _____        |
| _____        | _____          | _____       | _____        |

If applying after December 31, 2010 or if you do not have a current license with a municipality with exam requirements you must supply a completed exam certificate from Prometric Services or another approved electrical examination facility.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

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FEE: \$100.00 YEARLY

LICENSE # \_\_\_\_\_

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ALL LICENSES EXPIRE 12/31 OF THE ISSUING YEAR

## APPLICATION FOR ELECTRICAL LICENSE

Name of Concern or Corp: \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Business Phone \_\_\_\_\_ No. of years in Business \_\_\_\_\_

Name of Electrical Certificate Holder \_\_\_\_\_

Title or Position with the Company \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Approximate No. of Employees \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Required insurance coverage in order to apply for the License:

\$1,000,000 General Liability Coverage

Workers' Compensation Insurance required or Certificate of Exemption

NYS Disability Insurance required or Certificate of Exemption

**\*\*CERTIFICATES OF INSURANCE TO BE ISSUED TO THE CITY OF TONAWANDA\*\***

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Applicant**