

DEPARTMENT OF BUILDING AND ZONING
OF COOK COUNTY, ILLINOIS

Timothy P. Bleuher
COMMISSIONER OF BUILDING AND ZONING
OF COOK COUNTY



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ELECTRICAL CONTRACTOR REGISTRATION APPLICATION

(PLEASE PRINT)

COOK COUNTY REGISTRATION NUMBER _____

CHECK APPROPRIATE BOX

___ INDIVIDUAL ___ PARTNERSHIP ___ CORPORATION

DIGITAL PDF FORM. RED BORDER LINE TEXT BOXES ARE REQUIRED.

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

TELEPHONE NUMBERS: BUSINESS: _____

CELL PHONE: _____

FAX: _____

HOME: _____

E-MAIL ADDRESS: _____

SUPERVISING ELECTRICIAN'S NAME: _____

LICENSED (CITY/STATE): _____

NUMBER OF YEARS AS CONTRACTOR: _____

HAVE YOU BEEN REGISTERED HERE BEFORE? _____ IF SO, UNDER WHAT CONTRACTOR NAME?

TODAY'S DATE: _____

SUPERVISING ELECTRICIAN'S SIGNATURE: _____

SIGN HERE

**HAND SIGNATURE ONLY! MUST MATCH DRIVER'S LICENSE
AND REMAINING DOCUMENTS, WHERE APPLICABLE.**

OFFICIAL USE ONLY:

REMARKS: _____

APPROVED BY:

ELECTRICAL INSPECTOR: _____



ELECTRICAL CONTRACTOR REGISTRATION AFFIDAVIT

I CERTIFY THAT THE STATEMENTS ON THIS APPLICATION FOR AN ELECTRICAL CONTRACTOR REGISTRATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I ALSO CERTIFY THAT I HAVE REVIEWED THE COOK COUNTY BUILDING ORDINANCE, AND THE 2014 COOK COUNTY ELECTRICAL CODE, AND UNDERSTAND THEM AND WILL ABIDE BY APPLICABLE PROVISIONS BEFORE, DURING, AND AFTER CONSTRUCTION OR ALTERATION OF ANY ELECTRICAL WORK. I UNDERSTAND THAT IT IS MY OBLIGATION TO NOTIFY THE BUILDING COMMISSIONER WHEN AN ELECTRICAL JOB IS COMPLETED IN ORDER FOR ME TO OBTAIN A CERTIFICATE OF OCCUPANCY. FAILURE TO DO THIS IS AN AUTOMATIC VIOLATION OF THE COOK COUNTY BUILDING ORDINANCE CERTIFICATE OF COMPLIANCE SECTION 5.4-3(A) (1) (2) (3) (4) (5) (6), WHICHEVER IS APPLICABLE AND WILL BE REFERRED TO THE COOK COUNTY STATE'S ATTORNEY FOR APPROPRIATE ACTION.

I FURTHER CERTIFY THAT I AM AWARE OF STATE STATUTES PROHIBITING BRIBES AND SHALL NOT MAKE OFFERS OF GIVE CONTRIBUTIONS OR GRATUITIES TO ANY EMPLOYEE OF THE COOK COUNTY DEPARTMENT OF BUILDING AND ZONING TO INFLUENCE THEIR ACTION. (ANY SUCH ACTIVITY WILL BE REFERRED TO THE COOK COUNTY STATE'S ATTORNEY FOR APPROPRIATE ACTION).

**HAND SIGNATURE ONLY! MUST MATCH DRIVER'S LICENSE
AND REMAINING DOCUMENTS, WHERE APPLICABLE.**

SIGN HERE

SUPERVISING ELECTRICIAN'S SIGNATURE: _____

COMPANY NAME: _____

FOR OFFICE USE ONLY:

COOK COUNTY REGISTRATION NUMBER: _____

APPROVED BY ELECTRICAL INSPECTOR: _____

**If you have any questions, please feel free to contact
Arcadius Smoczyk, Electrical Plan Examiner at (312) 603-0515
electrical.bnz@cookcountyil.gov**