

AREA PLAN COMMISSION/
DEPT. OF CODE ENFORCEMENT

P.O. BOX 400
VERNON, IN 47282
PHONE (812)352-3005
FAX (812)352-3009



LICENSED ELECTRICIAN NAME: _____
HOME ADDRESS: _____
COUNTY: _____ HOME PHONE: _____
CELLULAR PHONE: _____

BUSINESS NAME: _____
ARE YOU THE OWNER? _____
BUSINESS ADDRESS: _____
COUNTY: _____ BUSINESS PHONE: _____
FAX: _____ E-MAIL: _____
BUSINESS FEDERAL I.D. #: _____

ARE YOU STATE LICENSED? _____ LICENSE #: _____
EXPIRATION DATE: _____

DATE TESTED: _____ FORM TEST: _____
JENNINGS CO. LICENSE #: _____ EXPIRATION DATE: _____

ARE YOU BONDED? _____ AMOUNT: _____ EXPIRATION DATE: _____

LIABILITY INSURANCE COMPANY: _____
AGENT NAME: _____ AMOUNT OF COVERAGE: _____
EXPIRATION DATE OF POLICY: _____

WORKERS COMP OFFERED? _____ RISK #: _____

TYPE OF PRIMARY BUSINESS, RESIDENTIAL OR COMMERCIAL: _____
If residential, do you do commercial? _____ If commercial, do you do residential? _____

ARE YOUR GUARANTEES MADE IN WRITING? _____

DO YOU GIVE FREE ESTIMATES? _____

WHAT ARE YOUR NORMAL BUSINESS HOURS? _____

PLEASE LIST SERVICES OFFERED AND YOUR STANDARD GUARANTEE FOR EACH:

SERVICE

GUARANTEE