

Office use only: Throw away old page for _____ Date: _____

ST. LOUIS COUNTY DEPARTMENT OF PUBLIC WORKS
ELECTRICAL LICENSING **PERMIT AUTHORIZATION FORM**

Name of firm for whom
I am licensee (PRINT) _____
(use black ink - Print Full Name of Company; Do Not Abbreviate)

Address _____
(Mailing Address - use black ink)

(City) (State) (Zip) Phone (including A/C)

Name of licensee (PRINT) _____
(print name of license/account holder)

.....
This is to certify that the following person(s) are employees or officers of the above-named company. For the purpose of obtaining permits for electrical work that is under my personal supervision, they are authorized to sign permit applications on my behalf.

Optional:

SIGNATURE of authorized person
▼

SIGNATURE of authorized person
▼

PRINT name of authorized person

PRINT name of authorized person

.....
By authorizing someone else to sign for permits, YOU are still responsible for those permits.
▶ If you already have an authorization on file, this will replace it.

I TAKE FULL RESPONSIBILITY FOR EACH PERMIT ISSUED TO MY LICENSE/ACCOUNT.

Signature of licensee (must be notarized) License # _____ Date _____

NOT Missouri State License #
Leave blank if you have not been
assigned a # by St. Louis County

.....
State of _____)

County of _____)

This document signed by _____ in my presence on ___/___/20__.

His/her identify is (check one) ___ known to me, or ___ confirmed by valid, current driver's license or another official photo identification.

Notary Public (Affix Stamp or Seal)

Mail (with original signatures) to:
Electrical Licensing, St. Louis County Public Works, 41 S. Central Ave., St. Louis MO 63105