



# City of Seward

## BUILDING INSPECTION DEPARTMENT

Office 402-643-4000 Opt. 3 - Opt.1  
PO Box 38, 142 N 7th St. Seward, NE 68434  
sara.vancura@cityofsewardne.gov

### Electricians Licensing/Renewal Form 2024

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Insurance Agents Name: \_\_\_\_\_ Ins.Co.: \_\_\_\_\_

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

Owner/Master Elec. Name: \_\_\_\_\_

State License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Fee: \$20.00

2nd. Master Elec. Name: \_\_\_\_\_

State License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Fee: \$20.00

Elec. Journeyman Name: \_\_\_\_\_

State License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Fee: \$10.00

Elec. Journeyman Name: \_\_\_\_\_

State License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Fee: \$10.00

Elec. Apprentice Name: \_\_\_\_\_

State License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Fee: \$ 1.00

Elec. Apprentice Name: \_\_\_\_\_

State License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Fee: \$ 1.00

Date Sent: \_\_\_\_\_

Total Renewal Fees: \_\_\_\_\_