



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 2025

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: _____