

CITY OF HARRISBURG
APPLICATION FOR COMMUNICATIONS CABLING LICENSE

Date _____

_____ Communication Cabling Company	License Fee \$125.00
_____ Communication Installer	\$100.00

Name _____ Date of Birth _____
 Address _____ Telephone _____
 City _____ State _____ Zip Code _____ SS# _____

School Completed: (Give Dates)
 High School _____
 Technical School _____

Describe any special study, correspondence course, night school course, etc. which in your opinion, helps to fit you in addition to your practical experience in the communications cabling field

Name and address of employers during the past five (5) years with date of employment, start with your present employer:

NAME	ADDRESS	DATES OF EMPLOYMENT

Type of work you have installed: _____

Do you have a current mercantile license in the City of Harrisburg? Yes _____ No _____ If so, list:

Do you have a current license in any other city? Yes _____ No _____ If so, list below:

City _____ Type _____ Number _____

AFFIDAVIT

Subscribed and sworn to before me this

_____ Day of _____ 20 _____

* _____
(Applicants signature in ink)

Signature in ink of person administering oath

(Print name in ink EXACTLY as it appears above in signature)

Municipality County

**Remember, the affidavit means that you can substantiate the answers given by you on the application.

Address in ink of person administering oath