

**City of Rockford, Illinois**

Community & Economic Development Department  
Construction and Development Services  
425 East State Street, Rockford, IL 61104  
Phone: (779)348-7158 Fax: (815) 967-4243  
rockfordil.gov



**2016 ELECTRICAL REGISTRATION**

This is to Certify that \_\_\_\_\_  
(Name) (Business Name)

is hereby recorded as a REGISTERED ELECTRICAL CONTRACTOR and is entitled to receive permits for electrical work provided that such permits are subject to the provisions of all the Ordinances of the City of Rockford now in force, or which may be hereafter passed. This certificate, unless sooner revoked or suspended for cause, expires December 31, 2016.

Registration # \_\_\_\_\_

Payment \_\_\_\_\_

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

A person who can show proof of registration for the current year in any City, Village or County in the State of Illinois, shall not be required to pay the registration fee (\$25.00) but shall provide us with a copy of the registration.

**NOTES**

- ◆ If you are a subcontractor, it is your responsibility to take out your permit before you begin work. Failure to obtain the proper permits shall result in the assessment of fines as set forth in the City of Rockford Code of Ordinances. The first offense carries a minimum fine of \$250 plus associated administrative fees. Additional offenses carry progressive fines.
- ◆ You are required to provide your registration number when applying for electrical permits Permit application forms can be found on our website at [www.rockfordil.gov](http://www.rockfordil.gov), then click on "Apply for Permits".
- ◆ Electrical residential one & two family permits may now be applied for online.  
Go to: [www.rockfordil.gov/onlinepermits](http://www.rockfordil.gov/onlinepermits)

**KEEP TOP PORTION FOR YOUR RECORDS.**



2016 Electrical Contractor Registration

Construction & Development Services

Have you previously held a City of Rockford Electrical Registration? Yes or No

NAME: \_\_\_\_\_ REG # \_\_\_\_\_

BUSINESS NAME: (if applicable) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail : \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_