



SAINT LOUIS COUNTY
Transportation and Public Works

ST. LOUIS COUNTY DEPT. OF PUBLIC WORKS 2025 Electrical License/Account Renewal Form

MY COMPANY NAME IS ► _____ ◀

I **certify** I am a full-time employee during their regular business hours, and that I am in a position to supervise the work done under permits issued to my license/account.

I **acknowledge** it is a violation of the St. Louis County Electrical Code to secure permits for anyone other than employees of my company, and that I will not use my license/account or permit to aid or abet any non-licensed person, company or corporation.

I **will notify** the St. Louis County electrical licensing clerk immediately if my employment terminates with this contractor.

I **acknowledge** that my license/account is subject to suspension or revocation, pursuant to the regulations set forth in the St. Louis County Electrical Code, which includes my responsibility to schedule, coordinate and receive final electrical inspection approval on permits issued to my license/account.

✓ **BY SIGNING BELOW, I ACKNOWLEDGE THAT I AGREE WITH THE ABOVE STATEMENTS.**

Licensee: _____ Licensee: _____
SIGN in presence of Notary Public *PRINT name: first, m.i., last name*

State of _____)
County of _____)

This document **signed** by _____ **in my presence**
on ____/____/20____. This person's **identity** is (check one) _____ known to me, or
_____ confirmed by current driver's license or other current official photo identification.

NOTARY PUBLIC SIGNATURE Affix Notary Stamp at right 

✓ **Complete all lines below, even if nothing has changed, or this form will not be accepted.**

FULL NAME OF BUSINESS: _____
(List the company name and Doing-Business-As name)

CONTACT INFORMATION: *(please print)* *NOTE: If this is a P.O. Box or "mail drop" (UPS store, etc.) fill in "actual location" lines

P.O. Box* or Street address ↑

Office phone - (____) _____

City, State, Zip ↑
***Actual Location of Business**
Only if Different From Above

Licensee's cell phone - (____) _____

Office fax - (____) _____

Street address (if different from mailing address) ↑

E-Mail Address for **Licensee** (Required):

City, State, Zip ↑

E-Mail Address for Office:

CHECKLIST

- Complete all blank lines.
- Notary stamp MUST be visible on uploaded scanned document.
- If your business is in St. Louis County, please submit a copy of the 2023 business personal property tax receipt.