



**CITY OF HAYSVILLE  
Public Works Department**

401 S. Jane  
PO Box 404  
Haysville, KS 67060  
Phone: 316/529-5940 | Fax: 316/529-5945  
permits@haysville-ks.com

**Electrical Contractor License Application  
CERTIFICATE OF INSURANCE REQUIRED**

License.....\$75.00  
Master Certificate.....\$20.00  
Journeyman Certificate.....\$10.00

(Please list Master and Journeyman Certificate holders below)

**(Pursuant to Section 4-102 of the Haysville City Code,  
A copy of the current business license with the City of Wichita and/or MABCD must be included)**

Business Organization:  Individual  Partnership  Corporation \_\_\_\_\_

Name of qualified person who passed examination \_\_\_\_\_  
(with attached test result score)

Name of Company \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Mobile # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

Master \_\_\_\_\_  
\_\_\_\_\_

**Signature of qualified person:** Journeyman \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

**Authorized to secure permit:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For office use only:

**\*Please include a copy of current license with MABCD.**

Receipt No. \_\_\_\_\_

Certificate of Insurance \_\_\_\_\_

Date \_\_\_\_\_

Fee \_\_\_\_\_

License No. \_\_\_\_\_

MABCD License # \_\_\_\_\_