



## Supervisory Electrical Test Requirements

- ✦ Fee for Test is \$250.00, checks only (No Cash)
- ✦ All questions on the application must be answered! For References, name two people other than family and employers who can vouch for you.
- ✦ No telephones or other electronic devices allowed other than a calculator.
- ✦ Copy of Driver's License must accompany application. Address on license must match address on application.
- ✦ Test is usually given the 4th Thursday of each month. You will be notified of any change in test date.
- ✦ Deadline for applications is 4:00 p.m. the 3<sup>rd</sup> Thursday of each month
- ✦ Test is given at 8:00am (Must be here by 7:45am)
- ✦ Testing time is 4 hours.
- ✦ Applicant must have at least 4 years of working experience in the electrical field.
- ✦ Test consists of 100 multiple choice questions.
- ✦ Passing score is 70%.
- ✦ Test is based on the 2014 National Electrical Code (Does not include questions on Orland Park Amendments).
- ✦ Combination Test – covers both commercial and residential.
- ✦ Test is an open book test (You can bring the NEC Code Book, but not the work book/handbook) Book can be tabbed but NOT written in or highlighted.
- ✦ Bring a calculator and 2 pencils.
- ✦ Bring two forms of identification; one must have your photo.
- ✦ If you fail the test, retest can be taken six months from the original test date.
- ✦ Applications will not be held for the following month. If you do not show, you will need to reapply. Applications and checks will be returned.

## Supervisory Electrical Registration

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL OR DAY TIME PHONE: \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

SCHOOLING AND EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY IN ELECTRICAL FIELD FOR AT LEAST THE PAST 4 YEARS IS REQUIRED!**

**EMPLOYER NAME, ADDRESS AND DATES OF EMPLOYMENT:**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

EVER APPLIED FOR TEST PREVIOUSLY? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, WHEN: \_\_\_\_\_ WHERE: \_\_\_\_\_

REFERENCES: 1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

**FEE: \$250.00** DATE PAID: \_\_\_\_\_ CHECK # \_\_\_\_\_