



**Office use only:** Throw away old page for \_\_\_\_\_ Date: \_\_\_\_\_

**ST. LOUIS COUNTY DEPARTMENT OF PUBLIC WORKS**  
**ELECTRICAL LICENSING** **PERMIT AUTHORIZATION FORM**

Name of firm for whom  
I am licensee (PRINT) \_\_\_\_\_

Print **Full** Name of Company (Do Not Abbreviate)

Address \_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Phone (include area code)

Name of licensee (**PRINT**) \_\_\_\_\_  
(**PRINT** name of license/account holder)

This is to certify that the following person(s) are employees or officers of the above-named company. For the purpose of obtaining permits for electrical work that is under my personal supervision, they are authorized to sign permit applications on my behalf.

**OPTIONAL:**

\_\_\_\_\_  
SIGNATURE of authorized person

\_\_\_\_\_  
SIGNATURE of authorized person

\_\_\_\_\_  
PRINT name of authorized person

\_\_\_\_\_  
PRINT name of authorized person

.....  
**By authorizing someone else to sign for permits, YOU are still responsible for those permits.**

▶ *If you already have an authorization on file, this will replace it.*

**I TAKE FULL RESPONSIBILITY FOR EACH PERMIT ISSUED TO MY LICENSE/ACCOUNT.**

\_\_\_\_\_  
License/Account # \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Licensee** (*must be notarized*)

(**NOT** Missouri State License number. Leave blank if you have not been assigned a number by St. Louis County)

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

This document signed by \_\_\_\_\_ in my presence on \_\_\_/\_\_\_/20\_\_\_.

His/her identify is (check one) \_\_\_ known to me, or \_\_\_ confirmed by valid, current driver's license or another official photo identification.

\_\_\_\_\_  
**Notary Public**

(Affix Stamp or Seal)