



**BOARD OF EXAMINERS –APPLICATION FOR INACTIVE LICENSE**  
**CITY of CAPE GIRARDEAU**

DEVELOPMENT SERVICES DEPARTMENT, 401 INDEPENDENCE ST, CAPE GIRARDEAU, MO 63703 (573) 339-6327

I, \_\_\_\_\_, do hereby request the City of Cape Girardeau declare the  
APPLICANT NAME  
following licenses INACTIVE:

- |   |   |
|---|---|
| <input type="checkbox"/> MASTER ELECTRICIAN           | <input type="checkbox"/> DRAINLAYER                 |
| <input type="checkbox"/> JOURNEYMAN ELECTRICIAN       | <input type="checkbox"/> MECHANICAL INSTALLER       |
| <input type="checkbox"/> RESIDENTIAL ELECTRICIAN      | <input type="checkbox"/> MASTER PLUMBER             |
| <input type="checkbox"/> ELECTRICAL MAINTENANCE       | <input type="checkbox"/> JOURNEYMAN PLUMBER         |
| <input type="checkbox"/> SIGN CONTRACTOR, ELECTRICIAN | <input type="checkbox"/> PLUMBING FIXTURE INSTALLER |
| <input type="checkbox"/> CONSTRUCTION CONTRACTOR      |   |

I understand having done so, I waive my right to obtain permits and perform said work within the City of Cape Girardeau. Furthermore, I understand that performing such work within the City of Cape Girardeau under an INACTIVE license may result in revocation or suspension of my license(s) in accordance by the Board of Examiners in accordance with Chapter 15 of the City's Code of Ordinances.

FURTHERMORE, at such time that I request my license to become active, I will furnish proof of liability insurance and workman's compensation to the City of Cape Girardeau and pay all required licensing fees.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
PRINT APPLICANT NAME

\_\_\_\_\_  
DATE

If this form is filled out at the Inspection Services, a staff member may serve as witness and sign and date below.

\_\_\_\_\_  
WITNESS - DIVISION OF INSPECTION SERVICES

\_\_\_\_\_  
DATE

If this form is filled out and returned by mail, the notary block on the following page is required to be submitted with this application.

