



The Commonwealth of Massachusetts  
 Division of Professional Licensure  
 1000 Washington Street Suite 710  
 Boston, MA 02118-6100  
 Board of Registration of Cosmetology and Barbering  
[www.mass.gov/dpl/boards](http://www.mass.gov/dpl/boards)  
 617-727-9940

### Electrical Inspection Form

**INSTRUCTIONS:** This form should be completed only if electrical work has been done in the salon after purchase.

Date: \_\_\_\_\_

This is to certify that I am an **Electrical** Inspector for \_\_\_\_\_, and that the electrical alterations or installations for:

*Name of city or town*

\_\_\_\_\_  
*Name of Salon Applicant*

\_\_\_\_\_  
*Street Number*

\_\_\_\_\_  
*Street Name*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

is in accordance with the specifications of the state electrical code found at 527 CMR,

\_\_\_\_\_  
*Name of City or Town Where Shop is Located*

Name of Electrical Contractor \_\_\_\_\_

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

Exp. Date \_\_\_\_\_

Address \_\_\_\_\_

*No. Street*

*City/Town*

Signed: \_\_\_\_\_  
*Electrical Inspector License # Exp. Date*