



**Washington County Electrical Board
Of Examiners and Supervisors**

80 West Baltimore Street
Hagerstown, MD 21740-6003
Phone: 240-313-2460
Fax: 240-313-2461
TTY/Hearing Impaired No: 240-313-2077

Reciprocal Electrical License Application

by a Maryland Statewide Master Electrical License

PRINT OR TYPE

Name: _____	Home Phone: (____) _____
Address: _____	County: _____
_____	Date of Birth: _____
Email Address: _____	
Trading As: _____	Company
Employed By: _____	Phone: (____) _____
Address: _____	Principle Business:
_____	_____
Maryland Statewide Electrical License No. : _____	
Date Statewide License Expires : _____	

Washington County License Fees: Check made payable to the "Washington County Treasurer" in the amount of \$150.00 (fees are prorated based on date license is applied for. Each year is \$50.00) License is good for a 3 year period and renews December 31st of the renewal year.

It is the applicant's responsibility to notify this office of address or phone number change

ADDITIONAL DOCUMENTS REQUIRED

1. Photocopy of Drivers License
2. Copy of current Maryland Statewide Electrical License
3. Certificate of Insurance with certificate holder made out to the Board of Electrical Examiners and Supervisors of Washington County. The individual's name needs to be listed on the Certificate.
Amount: \$300,000.00 Bodily Injury
\$100,000.00 Property Damage
4. If the applicant resides in Washington County and will have an office out of his/her home, a Zoning Certification for a Home Occupation will need to be applied for in person at our office. The fee for the Zoning Certification is \$65.
5. All applicants submitting for a license after December 31, 2008 will be required to have their business vehicles lettered. The business vehicles need to be lettered with the words Licensed Electrician and the Washington County or Maryland State License Number in letters and numbers not less than 1.5" in size.

STATE OF _____

COUNTY OF _____

I HEREBY CERTIFY, that on this _____ day of _____ 20____, before me, the undersigned Notary Public, personally appeared _____ and made oath in due form of law that the facts set forth in the foregoing application, are true and bona fide to the best of his/her knowledge and belief, and he/she did in my presence subscribe this affidavit.

Sworn to and subscribed before me the day and year
Above written

Notary Public

Applicant

My Commission Expires: _____