



WASHINGTON COUNTY
DEPARTMENT OF PERMITS & INSPECTIONS
 80 West Baltimore Street
 Hagerstown, Maryland 21740-6003
 Telephone: 240-313-2460
 Fax: 240-313-2461
 TYY/Hearing Impaired: 240-313-2430

Building
 Electrical
 Plumbing
 Mechanical

Result of Exam _____ Date _____ Accepted _____
 _____ Rejected _____
 _____ Notified _____

Application for An Electrician's License

Send To:

BOARD OF EXAMINERS AND SUPERVISORS
 80 West Baltimore Street
 Hagerstown, Maryland 21740

Applying For: (Check One)

- MASTER LICENSE
 RESTRICTED HVAC
 RESTRICTED LOW VOLTAGE

PRINT OR TYPE

Full and accurate answers to the following questions are necessary in order to complete this Application				
1	First Name	Middle Name	Last Name	Home Phone ()
2	Home Address (Number and Street, Apartment Number or Rural Route)			Work Phone ()
3	City, Town or Post Office, State and ZIP Code			Date of Birth ____/____/____ Age Last Birthday _____
4	Number of years engaged in Electrical Trade: _____ years (supervised by Licensed Master Electrician)			
5	Number of years you have worked: As an Apprentice _____ years, As a Journeyman _____ years			
6	Have you ever filed an Application in this County? _____ Have you ever been rejected? _____			
7	Have you ever taken an exam in this County? _____ If so, for which license Master <input type="checkbox"/> Restricted <input type="checkbox"/>			
8	Do you hold a license(s) in any other Counties, Cities, etc? List type of license and where licensed : _____ _____			
9	Describe in detail the nature and extent of your practical experience in electrical work and the kinds of such work you have done: _____ _____			
10	Describe any special study, correspondence course, night school courses, etc., which in your opinion, helps to fit you in addition to your practical experience in the electrical business: _____ _____			
11	If you are applying for a RESTRICTED LICENSE, describe in detail the particular field for fields in which you desire to be licensed and the nature and extent of the electrical work you desire to perform thereunder: _____ _____			

12	List in tabular form all employment's you have had since you first began electrical work from your first position to your present or last employment, as far as you are able.			
	Length of Employment	Worked As	Name of Employer	Address of Employer
	to			
	to			
	to			
	to			
	to			
	to			
13	Submit with this application a letter(s) of verification, on company letterhead, from your employer(s) of at least seven (7) years (master) or three (3) years (restricted HVAC) experience in the electrical trade under the supervision of a Licensed Master Electrician, or three (3) years (restricted Low Voltage) experience under a licensed Low Voltage, Alarm, and Signal Electrician or Licensed Master Electrician , during which the applicant supervised or was actively in charge of electrical installation of work.			
14	Do you intend to work as an electrician for others? _____ If so, give name of employer: _____			
15	Do you intend to be in business for yourself? _____ <i>If so, complete the following:</i> Name under which you will or are doing business: _____ Address: _____ Number and Street or R.F.D. _____ Town or City, State, ZIP _____ Telephone Number _____ Principle Business: _____			

A \$50.00 EXAMINATION FEE must accompany this application. Make your check or money order payable to the "Washington County Treasurer". An additional \$50.00 examination fee must be received by the Board at least thirty (30) Days prior to every re-examination applied for by the applicant. These fees are not refundable. ***APPLICANT MUST TAKE THE EXAM ON THE SCHEDULED DATE OR FEE WILL BE FORFEITED.**
Portion below to be completed in the presence of Notary Public.

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 on _____