



**WASHINGTON COUNTY ELECTRICAL BOARD
OF EXAMINERS AND SUPERVISORS**

<i>Result of Exam</i>	<i>Date</i>	<i>Accepted</i> _____
_____	_____	<i>Rejected</i> _____
_____	_____	<i>Notified</i> _____

Electrical License Examination Application

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	<p>Work Experience: The applicant shall have been engaged or employed regularly and principally in providing electrical services for all types of electrical equipment and apparatus for at least seven (7) years (Master) or three (3) years (Restricted) preceding this application while under the direction and supervision of a Master Electrician, a similarly qualified employee or a governmental unit. 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.</p>		
Master Electrician Information		Applicant	
Name of Master Electrician	Name of Employer	Title	
Jurisdiction	Address	Duties	
License No.	City, State, Zip	Date from (Mo/Dy/Yr)	
License Issue Date	Phone	Date To (Mo/Dy/Yr)	
License Expire Date		Total Years/Months	

See Exhibit A For Additional Work Experience

Verification of work experience must be submitted on original letterhead signed by the Master Electrician of the Company.

13	<p>Education or Professional Training: The State Board May allow an applicant up the three (3) years of credit toward the experience required above. If the State Board determines that the applicant has completed a formal course of study or professional training in electrical installation comparable to the required experience.</p>		
	Education	Formal Apprenticeship Program	Office Use
	Name of School	Address	
	Address	Address	
	City, State, Zip	City, State, Zip	
	Phone	Phone	
	Date From (Mo/Dy/Yr)	Date From (Mo/Dy/Yr)	
	Date To (Mo/Dy/Yr)	Date To (Mo/Dy/Yr)	

14 Attach copy of school records, transcripts, diploma, or have this application signed by responsible authority to attest that you attended the school above or were associated with a Formal Apprenticeship Program names in this application.

15 Do you intend to work as an electrician for others? _____
If so, give name of employer: _____

16 Do you intend to be in business for yourself? _____
If so, complete the following:
Name under which you will or are doing business: _____
Address: _____
 Number and Street or R.F.D. Town or City, State, ZIP Telephone Number
Principal Business: _____

17 Are you employed as an electrical inspector in any jurisdiction? _____
The Annotated Code of Maryland (Sec. 6.313(a)) states: "An individual may not have any financial interest in any electrical business while employed by the State, a county, or a local government as an electrical inspector." If you become employed as an electrical inspector in any jurisdiction, it is your responsibility to notify the Washington County Permitting Department immediately.

A \$50.00 APPLICATION/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.

Applicants who fail the examination have the right to review the examination paper with a member of the Board within ten (10) days after receiving the results. This request must be submitted in writing to the Washington County Electrical Board, 80 W Baltimore Street, Hagerstown, MD 21740.

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 _____

Work Experience Continued

Exhibit A

Master Electrician Information	
Name of Master Electrician	Name of Employer
Jurisdiction	Address
License No.	City, State, Zip
License Issue Date	Phone
License Expire Date	

Master Electrician Information	
Name of Master Electrician	Name of Employer
Jurisdiction	Address
License No.	City, State, Zip
License Issue Date	Phone
License Expire Date	

Master Electrician Information	
Name of Master Electrician	Name of Employer
Jurisdiction	Address
License No.	City, State, Zip
License Issue Date	Phone
License Expire Date	

Master Electrician Information	
Name of Master Electrician	Name of Employer
Jurisdiction	Address
License No.	City, State, Zip
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