



**Montgomery County  
Department of Permitting Services**

255 Rockville Pike, 2<sup>nd</sup> Floor  
Rockville, MD 20850-4166  
Phone: 311 in Montgomery County or (240)777-0311  
Fax: (240)777-6262  
<http://www.montgomerycountymd.gov/dps>



**Application for Electrical License Examination**

**A. Qualifications:**

**MINIMUM QUALIFYING EXPERIENCE**

**PLEASE SELECT ONE**

- APPRENTICE (no examination required- this is a registration only-per year)
- JOURNEYMAN (over 300 amp service) 4 YEARS
- MASTER ELECTRICIAN LIMITED 4 YEARS
- MASTER ELECTRICIAN 8 YEARS

• If limited license is requested, indicate nature of work: \_\_\_\_\_

**NOTE: PLEASE REVIEW OUR FEE SCHEDULE. FEES ARE SUBJECT TO ANNUAL CHANGES EFFECTIVE JULY 1<sup>ST</sup>.**

FOR OFFICE USE ONLY		EXAM	
License No: _____		Check No. _____	Fee Paid: _____
Date Issued: _____	Expiration Date: _____	Receipt No. _____	Date: _____
Check No: _____	Receipt No: _____	Approved { }	Rejected { }
Board member's signature _____		Date: _____	

FOR BOARD USE ONLY			
EXAMINATION	DATE	GRADE	BOARD MEMBERS SIGNATURE

**APPLICATIONS THAT ARE NOT COMPLETE WILL BE RETURNED – PLEASE PRINT**

Applicant Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Education (Please circle highest grade completed)    1 2 3 4 5 6 7 8 9 10 11 12

High School: \_\_\_\_\_ College: \_\_\_\_\_

Trade School: \_\_\_\_\_ Degree Awarded: \_\_\_\_\_ Year: \_\_\_\_\_

**B. References**

To assist the Board in evaluating your qualifications, each applicant must furnish the names and addresses of at least three (3) references that have personal knowledge of your character, reputation and experience, none of whom are relatives, either by birth or marriage.

**NAME**

**ADDRESS**

_____	_____
_____	_____
_____	_____

**C. Experience**

Verification of experience is required on employer's letterhead, signed by a Master Electrician of the company. License number and jurisdiction of Master Electrician must be indicated on letter.

Employers Name	Address	Title of Position
Nature of Work	From	To

Employers Name	Address	Title of Position
Nature of Work	From	To

Employers Name	Address	Title of Position
Nature of Work	From	To

**D. Licenses and Violations**

1. Have you ever been convicted of any electrical license related criminal act in any jurisdiction?  Yes  No
2. Have you ever operated as an Electrical Contractor Business in Montgomery County?  Yes  No
3. Have you ever had an Electrical License or Bond suspended or revoked?  Yes  No
4. Are there any electrical violations outstanding against electrical permits issued to you in any jurisdiction within the past year?  Yes  No

(If YES to any of the above questions, give dates, license #, and details on a separate sheet.)

**E. Affidavit**

"I hereby certify under penalty of perjury that the information contained herein is true and correct to the best of my knowledge, information and belief." I further authorize the release of any information contained within this application to an authorized representative of the Department of Permitting Services for further investigation.

Original Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Date \_\_\_\_\_