



**Montgomery County
Department of Permitting Services**

255 Rockville Pike, 2nd 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 Reciprocal Electrical License Statewide

To review our current licensing procedures & fees please visit our website
or call 311 (240-777-0311 If outside Montgomery County) for current fee schedule
NOTE: FEES ARE SUBJECT TO ANNUAL CHANGES EFFECTIVE JULY 1ST.

A. For Office Use Only

License No: _____ Check No: _____ Fee Paid: _____
Receipt No: _____ Issue Date: _____ Expiration Date: _____
Approved { } Disapproved { }

Member, Board of Electrical Examiners, Montgomery County Maryland Date

B. Applicant Information: (Applications that are not complete will be returned – please print).

Applicant Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Home Phone: _____
E-mail Address: _____

C. The Electrical Business You Are Representing in Montgomery County:

Name: _____
Address: _____ Business Phone: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____

D. Licenses and Violations

1. Have you ever been convicted of any criminal act in any jurisdiction? Yes No
2. Have you ever operated as an Electrical Contractors 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.

Applicant Original Signature _____ Date _____

Print Name: _____