



**WICOMICO COUNTY, MARYLAND
BOARD OF ELECTRICAL EXAMINERS
Government Office Building Room 201
P O Box 870
Salisbury MD 21803-0968
410-548-4817 Fax 410-548-4941**

**APPLICATION FOR RECIPROCAL LICENSE
Application Fee \$100.00 per 2 year license cycle**

After having read the Board's Rules and Regulations, the undersigned hereby makes application for registration under provisions of Ordinance 26, dated September 9, 1967 as well as the Board's Rules and Regulations.

CHECK ONE: MASTER ELECTRICIAN GENERAL ELECTRICIAN LIMITED ELECTRICIAN

1. Name _____ Work Phone _____
Cell Phone _____
E-Mail _____
2. Address:
Street: _____

Town/City _____ Zip Code _____

Business Name _____
3. Do you intend to engage in the Electrical Business Full-time or Part-time ?
4. If employed at present, by whom _____
5. Have you ever had an application rejected in the State of Maryland? YES NO
If yes, where? _____
6. Maryland Construction License Number: _____ Expiration Date _____

Signature _____ Date _____

Sign before a Notary Public

STATE OF _____, COUNTY OF _____:

I HEREBY CERTIFY, That on the _____ day of _____, 20____, before me, the subscriber, a Notary Public in and for the State and County aforesaid, personally appeared _____ and made oath in due form of law that the matters and facts set forth in the foregoing application are true to the best of his (or her) knowledge, information and belief.

As witness, my hand and notarial seal.

Signature of Notary Public Printed name of Notary Public

My Commission expires _____