



**WICOMICO COUNTY, MARYLAND
BOARD OF ELECTRICAL EXAMINERS
Government Office Building Room 201
P O Box 870
Salisbury MD 21803-0870
410-548-4817 Fax 410-548-4941**

**APPLICATION FOR REGISTRATION
Application Fee \$20.00**

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. AN APPLICANT MUST SHOW ON THE APPLICATION PROPER TIME UNDER THE DIRECTION AND SUPERVISION OF AN ELECTRICIAN BEFORE THE BOARD WILL CONSIDER THE APPLICATION.

CHECK ONE: MASTER ELECTRICIAN **GENERAL ELECTRICIAN** **LIMITED ELECTRICIAN**

Name (Last, First, Middle):		Date of Application :	
		Social Security Number :	
Number & Street Address :		Are you legally authorized to accept work and remain in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City, State, & Zip Code :			
Home Phone (Include Area Code) :			
Business Phone (Include Area Code) :			
Email Address :			
Do you intend to engage in the Electrical Business Full-time <input type="checkbox"/> or Part-time <input type="checkbox"/> ?			
Special Arrangements Request: A letter is required for all special arrangements requests.			
I am enclosing a Special Arrangement Request Letter. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently 18 years or older?		If not, state your age:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a valid Driver's License?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver License #	State :	Expiration Date :	

EDUCATION AND TRAINING								CHECK HIGHEST GRADE COMPLETED							
GRADE SCHOOL				HIGH SCHOOL				COLLEGE				GRADUATE SCHOOL			
1	2	3	4	5	6	7	8	1	2	3	4	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High School Name								College Name							
City				State				City				State			
Did you graduate or do you have a G.E.D. or equivalent?								Did you graduate?							
<input type="checkbox"/> Yes <input type="checkbox"/> No								<input type="checkbox"/> Yes <input type="checkbox"/> No							
								Degree(s)							
								Major				Hrs. Completed			

List all additional qualifications, training and/or education completed:

References. List three persons who are not related to you and who have knowledge of your qualifications. At least one (1) must be from a former electrical employer.

Name	Address	Phone

Experience. Starting with your current or most recent job, list all positions you have held in the last ten years. If you consider it

appropriate to this application, you may include as an addendum, positions held earlier than ten years ago. If you need additional blocks, use blank sheets.

A. Dates of Employment		Job Title	
From:	To:	Name of Supervisor	Area Code and Phone
Name and Address of Business or Employer:			

Description of duties:

B. Dates of Employment		Job Title	
From:	To:	Name of Supervisor	Area Code and Phone
Name and Address of Business or Employer:			

Description of duties:

C. Dates of Employment		Job Title	
From:	To:	Name of Supervisor	Area Code and Phone
Name and Address of Business or Employer:			

Description of duties:

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS:

Have you ever had an application rejected in the State of Maryland?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, where _____	
Have you ever been charged with a previous or pending electrical violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of or received probation before judgment for any drug offense committed after January 1, 1991?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, pleaded guilty to, or entered a plea of <i>nolo contendere</i> to a misdemeanor involving moral turpitude (lying, cheating, stealing) or any felony in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 _____

DO NOT WRITE BELOW THIS LINE

Date Application Received _____
 Examination Required Yes No
 Results of Examination _____
 Accepted Rejected

Registration Number _____