



**WICOMICO COUNTY, MARYLAND
BOARD OF ELECTRICAL EXAMINERS**

Government Office Building
125 N. Division Street, Room 201
P.O. Box 870
Salisbury, Maryland 21803-0870
Phone: 410-548-4810 Fax: 410-548-4941

APPLICATION FOR LICENSE RENEWAL

License No. _____

THE APPROPRIATE REGISTRATION FEE, PROOF OF INSURANCE, AND PROOF OF TEN (10) CONTINUING EDUCATION HOURS SHALL ACCOMPANY THIS APPLICATION. MASTER ELECTRICIANS ALSO NEED TO INCLUDE A COPY OF A BUSINESS OR CONTRACTORS LICENSE. A \$5.00 PER MONTH PENALTY WILL BE ASSESSED FOR LICENSE RENEWALS RECEIVED ON OR AFTER **OCTOBER 1, 2020** AS STATED UNDER THE PROVISIONS OF ORDINANCE 26 (DATED SEPT. 9, 1967) AND THE RULES AND REGULATIONS OF THE WICOMICO COUNTY BOARD OF ELECTRICAL EXAMINERS.

CURRENTLY REGISTERED AS:

FEE WILL BE:

MASTER ELECTRICIAN	Two year renewal	\$100.00	<input type="checkbox"/>
GENERAL ELECTRICIAN	Two year renewal	\$100.00	<input type="checkbox"/>
LIMITED ELECTRICIAN	Two year renewal	\$ 50.00	<input type="checkbox"/>
ELECTRICAL INSPECTOR	Two year renewal	\$100.00	<input type="checkbox"/>
LICENSE TO BE SHELVED	For Years 1 & 2	\$ 20.00	<input type="checkbox"/>
SHELVED/INACTIVE	<u>Note: Must retest after 3 years shelved & 4th year inactive</u>	\$ 60.00	<input type="checkbox"/>

1. Name: _____ Business Phone: _____
Cell Phone: _____
Email: _____

2. Mailing Address:
Street: _____
Town/City: _____ State: _____ Zip Code: _____
Business Name: _____

3. If employed at present, by whom: _____

4. I, _____, do hereby affirm that I fully understand Rule 12 of the Wicomico County Board of Electrical Examiners. I further affirm that I am in compliance with Rule 12 and have plainly displayed "WICOMICO COUNTY ELECTRICAL LICENSE NUMBER _____" on all vehicles used in the performance of electrical work in Wicomico County, Maryland.

DATED THIS _____ DAY OF _____, 20____. _____
(Signature)

OVER

ALL APPLICANTS

5. A copy of proof of insurance must be attached to your renewal application.

Insurance Company Name: _____ Policy number: _____

6. A copy of proof of ten (10) continuing education hours must be attached to your renewal application.

MASTER ELECTRICIANS ONLY

7. Are you engaged in the electrical contracting business as a full-time occupation? YES NO

If not, explain: _____

8. A copy of your Maryland Construction or Business License must be attached to your renewal application.

Maryland Construction License Number: _____ Expiration Date: _____

RECIPROCATED LICENSES

9. If you did not obtain your electrical license through examination in Wicomico County, please attach a copy of an active MD State electrical license or letter of good standing from another Maryland County.

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 _____