



License No. _____

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

APPLICATION FOR LICENSE RENEWAL

THE APPROPRIATE REGISTRATION FEE, BOND OR INSURANCE AND PROOF OF 10 CONTINUING EDUCATION HOURS SHALL ACCOMPANY THIS APPLICATION. MASTER ELECTRICIANS NEED TO INCLUDE A COPY OF A BUSINESS OR CONTRACTORS LICENSE AND A COPY OF STATE OF MARYLAND LICENSE. THIS FORM MUST BE COMPLETED AND RETURNED NO LATER THAN JUNE 30, 2012 OR LATE FEES WILL BE ADDED. A \$5.00 PER MONTH PENALTY WILL BE ASSESSED FOR LICENSE RENEWAL AFTER JULY 1, 2012 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	<input type="checkbox"/>	Two year renewal \$100.00	<input type="checkbox"/>
ELECTRICIAN GENERAL	<input type="checkbox"/>	Two year renewal \$100.00	<input type="checkbox"/>
ELECTRICIAN LIMITED	<input type="checkbox"/>	Two year renewal \$ 50.00	<input type="checkbox"/>
ELECTRICAL INSPECTOR	<input type="checkbox"/>	Two year renewal \$100.00	<input type="checkbox"/>
LICENSE TO BE SHELVED	<input type="checkbox"/>	Shelve \$ 20.00	<input type="checkbox"/>
SHELVED/INACTIVE	<input type="checkbox"/>	Shelve/Inactive \$ 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

MASTER ELECTRICIANS ONLY

- 5. Are you engaged in the electrical contracting business as a full-time occupation? YES NO
If not, explain: _____
- 6. A copy of your Maryland Construction or Business License must be attached to your renewal application.
Maryland Construction License Number: _____ Expiration Date _____

ALL APPLICANTS

- 7. A copy of proof of insurance or bond must be attached to your renewal application.
Insurance Company Name _____ Policy number _____
- 8. A copy of proof of 10 continuing education hours must be attached to your renewal application.

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 _____