

Caroline County Dept. of Planning & Codes
403 South 7th Street, Suite 210
Denton, Maryland 21629-1335
☎ 410-479-8100 Fax: 410-479-4187

Accepted _____ Rejected _____
Date _____ License # _____
Receipt# _____ Check# _____

(OFFICE USE ONLY)

CAROLINE COUNTY APPLICATION FOR AN ELECTRICIAN'S LICENSE



TYPE OF LICENSE APPLYING FOR:

TO BE OBTAINED BY:

- | | |
|--|---|
| <input type="checkbox"/> Master Electrician - \$100.00 (2-Year) | <input type="checkbox"/> Reciprocity/County (same class, held for 1 year) |
| <input type="checkbox"/> General Electrician - \$ 70.00 (2-Year) | <input type="checkbox"/> Maryland Statewide License (must submit copy) |
| <input type="checkbox"/> Limited Electrician - \$ 50.00 (2-Year) | <input type="checkbox"/> Grandfather Clause |

(Make check payable to: "CAROLINE COUNTY COMMISSIONERS" and remit to above address)

◆ PROPER INSURANCE MUST BE FURNISHED PRIOR TO ISSUANCE OF LICENSE ◆

The Board now requires a certificate of insurance endorsed to the Caroline County Board of Electrical Examiners showing you as the insured **NOT** your firm in the amounts of at least \$300,000 General Liability and \$100,000 Property Damage.

1. Applicant's Full Name: _____

Mailing Address of Residence: _____

City, State & Zip Code: _____

Home Phone No: _____

2. Will Represent or Trade Under the Name of:

Business Mailing Address: _____

City, State & Zip Code: _____

Business Phone: _____ Business Fax: _____

Principal Business: _____

3. How many years have you been engaged or worked in the electrical business: _____

4. Describe any special study, correspondence course, night school courses, etc. which help to fit you in addition to your practical experience in the electrical business: _____

5. What class of license do you currently hold: _____

6. What counties: _____

7. Have you ever filed an application in Caroline County before: _____

8. List in tabular form all employments you have had since you first began electrical work, putting your present or last employment first and others in order back to your first position in the electrical business, as far as you are able (PLEASE LIST ON REVERSE SIDE).

LENGTH OF EMPLOYMENT	WORKED AS	NAME OF EMPLOYER	ADDRESS OF EMPLOYER
From to			
From to			
From to			
From to			
From to			
From to			

9. List all electrical employees and notify this office of any changes within thirty (30) days:
If you have no employees, please state "NONE".

NAME	AGE	DATE STARTED	SOCIAL SECURITY NO.

(Attach another sheet if necessary)

- AFFIDAVIT -

I do hereby affirm under penalty of perjury that I am in compliance with the Workmen's Compensation Law (Article 101, Sections 1 through 102, Annotated Code of Maryland) in that:

- I am not an employer required to provide employee coverage by the Workmen's Compensation Law; or
- I am an employer required to provide employee coverage by the Workmen's Compensation Law and have secured such coverage as evidenced by the certificate of compliance enclosed herein

After having read the Board's Rules and Regulations, the undersigned hereby make application for an Electrician's License as defined under the Caroline County Code of Public Local Laws, Chapter 98, Electrical Standards.

Signature _____ Date _____

TO BE COMPLETED BY A NOTARY PUBLIC

STATE OF MARYLAND, CAROLINE COUNTY, TO WIT:

I HEREBY CERTIFY, that on this _____ day of _____ 20 _____ before me, the subscriber, a Notary Public in _____ personally appeared _____ and he/she made oath in due form of law that the facts set forth in the foregoing application for license are true and bona fide to the best of his/her knowledge and belief.

(SEAL)

Notary Public Commission Expiration

- Attach the following documentation upon returning this application:**
- Copy of Current Maryland State Electrician's License or Letter of Reciprocity
 - Certificate of Liability Insurance
 - Copy of Current Picture ID (driver's license, state ID, etc.)
 - Current License Fee