



The remainder of this application must be completed by the applicant.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone No: \_\_\_\_\_

Education: \_\_\_\_\_

\* Include Trade School \*

List below a record of your employment in the electrical business since your first employment therein, giving you present or most recent employment first and continuing back to your first employment.

<b>Length of Employment</b>	<b>Name of Employer</b>	<b>Address of Employer</b>	<b>Phone</b>
From			
To			
From			
To			
From			
To			
From			
To			
From			
To			

**Michael C. Zepp, Bureau Chief**  
Bureau of Permits and Inspections  
410-386-2674, 1-888-302-8978  
fax 410-876-9252  
MD Relay service 7-1-1/1-800-735-2258



**Department of Public Works**  
Bureau of Permits & Inspections  
225 North Center Street  
Westminster, Maryland 21157

**THIS STATEMENT IS A PART OF ELECTRICIAN'S  
LICENSE APPLICATION**

Under penalty of perjury, I declare that I have prepared and examined this application for an electrician's license, and to the best of my knowledge and belief, it is true, correct, and complete.

**Signature:** \_\_\_\_\_  
Individual

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**Shaded for Office Use Only**

Date of Application \_\_\_\_\_ Amount Paid \_\_\_\_\_

Approved for Exam Date \_\_\_\_\_ Date of Exam \_\_\_\_\_

Action Thereon \_\_\_\_\_

Date Original License Issued \_\_\_\_\_

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