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Bureau of Permits and Inspections
 225 North Center Street
 Room 118
 Westminster, Maryland 21157

2017-2019 Electrical License Application

PLEASE PRINT ALL INFORMATION			
Carroll County License #		MD State Lic.#	Expires:
Type of License: (Please check the appropriate box)			
<input type="checkbox"/>	Master Electrician - General	Inactive:	<input type="checkbox"/>
<input type="checkbox"/>	Master Electrician - Restricted - Category _____		
<input type="checkbox"/>	Master Electrician - Limited		
Full Name:			
(First)	(Middle)	(Last)	(Sr., Jr., III, etc)
Company Name:			
Mailing Address:			
(Street Address and/or P.O. Box)	(Town)	(State)	(Zip)
Email Address:			
Company Phone #:		Company Fax #:	
Cell Phone#:		Home Phone #:	
*Is this a new company name since your last Carroll County renewal or application? _____			
Please Note: A licensed master electrician can only sign permits for himself/herself or company, not both, in Carroll County; the licensee can only be self-employed or be employed by 1 electrical company, not both at the same time for the purpose of securing permits, whenever the licensee has at least 1 electrical permit outstanding in Carroll County.			
The following section is to be completed by the license holder.			
<p>I, _____, solemnly affirm under the penalties of perjury, that I will uphold the Carroll County Electrical Ordinance. I understand that I can not sign permits for more than one company or individual. I can not allow any unlicensed person (unless employed by my company and under my direct supervision) to do electrical wiring under the authority of my license. I understand that I am responsible for having all permits under my license finalized before the permit will be cleared from my license. I understand that a violation of these requirements could result in suspension or revocation of my license.</p> <p>*License Mechanic Signature: _____</p> <p>* (Must match driver's license signature)</p> <p>License Mechanic Printed Name: _____</p>			
For Office Use Only			
Master General: \$70.00 Limited: \$70.00 Restricted: \$60.00 Inactive: 1/2 Fee Make Checks Payable to Carroll County Commissioners			
Date Rec'd _____ Amount Paid _____ Receipt # _____ Initials _____			