

Division of Permits & Inspections  
 410-386-2674, 1-888-302-8978  
 Fax 410-386-9252  
 MD Relay service 7-1-1/1-800-735-258



Department of Public Works  
 Carroll County Government  
 225 North Center Street  
 Westminster, Maryland 21157

## 2025-2027 Electrical Registration Application

**PLEASE PRINT ALL INFORMATION**

Carroll County Registration # _____	MD State Lic.# _____	Expires: _____	
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Type of Registration: (Please check the appropriate box)

<input type="checkbox"/> Master Electrician - *General	Inactive: <input type="checkbox"/>	Check if inactive
<input type="checkbox"/> Master Electrician - Restricted - Category _____		
<input type="checkbox"/> Master Electrician - Limited		

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

(First)	(Middle)	(Last)	(Sr., Jr., III, etc)
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**Company Name:** \*Must match State of Maryland for Master General Applicants  
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**Mailing Address:** \*Must match State of Maryland for Master General Applicants  
 \_\_\_\_\_

(Street Address and/or P.O. Box)	(Town)	(State)	(Zip)
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**Email Address:** \_\_\_\_\_

Company Phone #: _____	Company Fax #: _____
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Cell Phone #: _____	Home Phone #: _____
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**\*Is this a new company name since your last Carroll County renewal or application?** \_\_\_\_\_  
 Please Note: Licensee 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 LICENSEE.**

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 registration. I understand that I am responsible for having all permits under my registration finalized before the permit will be cleared from my registration. I understand that a violation of these requirements could result in suspension or revocation of my registration.

**\*Mechanic's Signature:** \_\_\_\_\_  
IMPORTANT \*MUST BE ORIGINAL SIGNATURE OF LICENSEE\*

**Mechanic's Printed Name:** \_\_\_\_\_

For Office Use Only			
<b>Master General: \$70.00 Limited: \$70.00 Restricted: \$60.00 Inactive: 1/2 Fee</b> Make Checks Payable to Carroll County Commissioners			
Date Rec'd _____	Amount Paid _____	Receipt # _____	Initials _____