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

2019-2021 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.				
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.				
*License Mechanic Signature: _____				
IMPORTANT *MUST BE SIGNED BY LICENSEE*				
License Mechanic Printed Name: _____				
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 _____				