

ROBERT G. CASSILLY
Harford County Executive

ROBERT S. McCORD
Director of Administration



RICHARD C. TRUITT
Director of Inspections,
Licenses and Permits

HARFORD COUNTY BOARD OF ELECTRICAL EXAMINERS
LIMITED ELECTRICAL EXAMINATION APPLICATION
220 SOUTH MAIN STREET
BEL AIR, MARYLAND 21014
(410) 638-3363

SELECT EXAM

<u>SELECT EXAM</u>	<u>FEE</u>
<input type="checkbox"/> LIMITED (SELECT ONE) (Requires 3 years' experience)	\$60.00
<input type="checkbox"/> LOW VOLTAGE	
<input type="checkbox"/> HVAC (Commercial & Residential)	
<input type="checkbox"/> HVAC (Residential Service & Replacement)	
<input type="checkbox"/> SIGNS	
<input type="checkbox"/> ELEVATORS	
<input type="checkbox"/> GASOLINE PUMPS	
<input type="checkbox"/> HOME AUTOMATION	
<input type="checkbox"/> LIMITED JOURNEYPERSON (SELECT ONE) (Requires 1 year experience)	\$60.00
<input type="checkbox"/> LOW VOLTAGE	
<input type="checkbox"/> HVAC (Commercial & Residential)	
<input type="checkbox"/> HVAC (Residential Service & Replacement)	
<input type="checkbox"/> SIGNS	
<input type="checkbox"/> ELEVATORS	
<input type="checkbox"/> GASOLINE PUMPS	
<input type="checkbox"/> HOME AUTOMATION	
<input type="checkbox"/> RESTRICTED (Industrial Plant-Maintenance) (Requires 3 years' experience)	\$60.00

NOTE: The following must be answered in the handwriting of the applicant. Accurate answers are required. Please print clearly.

NAME: _____
(FIRST) _____ (MIDDLE) _____ (LAST) _____

ADDRESS: _____

(CITY) _____ (STATE) _____ (ZIP) _____

(DAYTIME PHONE NUMBER) _____ (DATE OF BIRTH) _____

(EMAIL ADDRESS)

Have you previously applied for a Harford County Electrician's Exam? YES NO

If so, how many times have you taken the exam? _____

Name and describe courses that you have taken that would apply to your practical experience:

The undersigned hereby makes application for an Electrician examination in accordance with Harford County Code §105-25-Examination.

APPLICANTS SIGNATURE: _____ DATE: _____

LIST YOUR EMPLOYMENT HISTORY IN THE ELECTRICAL INDUSTRY, BEGINNING WITH THE MOST RECENT EMPLOYER. EACH EMPLOYER MUST BE DOCUMENTED SEPARATELY. THIS FORM CAN BE COPIED.

I, _____, representing _____

Company, verify by my signature that _____ worked under my supervision as an employee of the above company in the time period specified below.

HOURS WORKED	MONTHS WORKED	YEARS WORKED

SIGNATURE OF LICENSEE:

MASTER LICENSE NUMBER:

I, _____, representing _____

Company, verify by my signature that _____ worked under my supervision as an employee of the above company in the time period specified below.

HOURS WORKED	YEARS WORKED	MONTHS WORKED

SIGNATURE OF LICENSEE:

MASTER LICENSE NUMBER: