

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

FEE

- LIMITED (SELECT ONE) (Requires 3 years' experience) \$30.00
  - LOW VOLTAGE
  - HVAC (Commercial & Residential)
  - HVAC (Residential Service & Replacement)
  - SIGNS
  - ELEVATORS
  - GASOLINE PUMPS
  - HOME AUTOMATION
  
- LIMITED JOURNEYPERSON (SELECT ONE) (Requires 1 year experience) \$30.00
  - LOW VOLTAGE
  - HVAC (Commercial & Residential)
  - HVAC (Residential Service & Replacement)
  - SIGNS
  - ELEVATORS
  - GASOLINE PUMPS
  - HOME AUTOMATION
  
- RESTRICTED (Industrial Plant-Maintenance) (Requires 3 years' experience) \$30.00

**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: