

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

- | | |
|--|--------------------|
| <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: