



Talbot County License Number: _____

Talbot County Board of Electrical Examiners
215 Bay Street, Suite 2
Easton, Maryland 21601
Phone: 410-770-6840
Fax: 410-770-8043
vwebb@talbotcountymd.gov

Two Year Electrical License Renewal Application for 2016
(Last Name for K thru Z)

_____ Master \$150.00	_____ General \$100.00
_____ Limited \$ 60.00	_____ Shelved \$30.00

State specific type or types of electrical equipment to be installed if making application for a Limited License: _____

In order for this to be considered a valid renewal application, you must comply with the following:

- _____ 1. State your Talbot County license number at the top of this form.
- _____ 2. Complete Applicant information below.
- _____ 3. Sign and date the renewal application
- _____ 4. List employees on the application. If there are not any employees, state "none" on application.
- _____ 5. Submit appropriate fee along with this application. Checks must be made payable to Talbot County, Maryland. Mailing address for application is Talbot County Board of Electrical Examiners, 215 Bay Street, Suite 2, Easton, Maryland 21601.
- _____ 6. Submit certificate of insurance showing a minimum of \$300,000 general liability, \$100,000 property damage or a combined policy for \$400,000. The certificate of insurance must show you as the insured, not the firm or corporation. The certificate holder should be listed as: The Talbot County Board of Electrical Examiners, 215 Bay Street, Suite 2, Easton, MD 21601.

If insurance expires in either June or July, please submit a continuation notice from insurance company. Failure to comply with the above will result in an invalid renewal application and as such will be returned to you. In order to expedite the application please send all information under same cover. Incomplete applications will be returned.

The Talbot County Electrician's license expires on July 31, 2014. Renewal applications must be received prior to July 31, 2014 or a late fee will be charged at a rate of \$2.00 per day. Should such application not be received within 90 days of expiration, cancellation may occur at the discretion of the Board.

Applicant Information, please print legible:

Applicant's Name Printed: _____

Trading under the name of: _____

Mailing Address: _____

Business Phone No. _____ Home Phone No. _____

Cell Phone No. _____ Fax No. _____

Email Address: _____

Principal Business: _____

Signature: _____ Date: _____

If Incorporated:

Principal Office being located in: _____

Name of President: _____

Resident Agent: _____

License Holder: _____

Employees Name:

Age:

Date and Year Started:

_____	_____	_____/____/_____
_____	_____	_____/____/_____
_____	_____	_____/____/_____
_____	_____	_____/____/_____
_____	_____	_____/____/_____
_____	_____	_____/____/_____
_____	_____	_____/____/_____

_____ Check if attachment is provided with this application, may list additional employees on attachment.