

# Reciprocity Electrician's Limited License Application

**TO THE BOARD OF ELECTRICAL EXAMINERS  
28712 GLEBE ROAD, SUITE 1  
EASTON, MD 21601**

**Limited License fee  
\$60.00**

**Phone No 410-770-6840  
Fax No 410-770-6843**

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After having read the Board's Rules and Regulations, the undersigned hereby make application for an Electrician's License as defined under Chapter 56 of the Talbot County Council Bill No. 536 and the Board's Rules.

PROPER INSURANCE must be furnished prior to issuance of license.

The Board now requires a certificate of insurance endorsed to the Talbot County Board of Electrical Examiners showing you as the insured *Not* your firm, in the amounts of at least \$300,000 General Liability and \$100,000 Property Damage.

1. Will trade under the name of.....
2. Address.....
3. Principal business.....

Applicant (Printed) Name.....

(Signature).....

Phone No Home/Cell.....

Business Phone No.....

Fax No.....

Email Address.....

Date.....

4. Names of co-partners are.....

.....

LICENSE FOR A FIRM

- 5. Duly incorporated under the laws of the State of.....
- 6. Principal office being located in.....
- 7. Name of president.....
- 8. Resident agent.....
- 9. Desire Mr. ....to be representative under the license should the same be granted

List in tabular form all employment you have had since you first began electrical work, putting your present or last employer first and others in order to your first position in the electrical business, as far as you are able.

<u>Length of employment</u>	<u>Worked as</u>	<u>Name of Employer</u>	<u>Address of Employer</u>
From..... to.....	.....	.....	.....
From.....to.....	.....	.....	.....
From.....to.....	.....	.....	.....
From.....to.....	.....	.....	.....
From.....to.....	.....	.....	.....

Application Fee and certificate of insurance shall accompany application, and must be submitted to the Board one month prior to the examination.

AFFIDAVIT

I do hereby affirm under penalty of perjury that I am in compliance with the Workmen’s Compensation Law (Article 101, Section 1 through 102, Annotated Code of Maryland) in that:

- ( ) (a) I am not an employer required to provide employee coverage by the Workmen’s Compensation Law; or
- ( ) (b) I am an employer required to provide employee coverage by the Workmen’s Compensation Law and have secured such coverage as evidenced by the Certificate of compliance enclosed herein; or
- ( ) (c) I am an employer required to provide employee coverage by the Workmen’s Compensation Law and have secured such coverage. As evidence of such Coverage, the following is submitted:

- 1. Name of Insurance Company\_\_\_\_\_
- 2. Policy or Binder Number\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

STATE OF MARYLAND, TALBOT COUNTY, TO WIT:

I HEREBY CERTIFY, That on this.....day of....., 20....., before me, the  
Subscriber, a Notary Public in.....personally appeared.....  
and he made oath in due form of law that the facts set forth in the foregoing application for  
examination are true and bona fide to the best of his knowledge and belief.

.....  
NOTARY PUBLIC

## Application for Limited License

TO THE BOARD OF ELECTRICAL EXAMINERS FOR TALBOT COUNTY  
28712 GLEBE ROAD, SUITE 1  
EASTON, MD 21601

Having read the Board's Rules and Regulations, I hereby make application for an Electrician's License as per this application.

Full and accurate answers to the following questions are necessary in order to complete this application.

1. Your name in full?.....
2. Your present residence?.....
3. Length of residence in Maryland..... Years..... Months.....
4. Place of Birth?.....
5. Date of Birth?.....
6. How many years have you worked in the electrical business?.....
7. Have you ever filed an application in Talbot County before?.....
8. Do you now hold an electrical license?.....
9. What class of license?.....
10. What counties?.....
11. Describe any special study, correspondence course, night school courses etc., which, in your opinion, help to fit you in addition to your practical experience in the electrical business.....  
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NAME ALL ELECTRICAL EMPLOYEES

Name

Date & Year Started