



Department of Permitting Services  
 Division of Building Construction  
 255 Rockville Pike, 2nd Floor  
 Rockville, MD 20850-4166  
 Phone: 311 in Montgomery County or (240) 777-0311  
 Fax (240)-777-6262  
 http://www.montgomerycountymd.gov/permittingservices



## Application for Electrical Contractor's Business License Sole Proprietorship or Partnership

**A. For Office Use Only:** (applications that are not complete will be returned – Please print)

License No: \_\_\_\_\_ Check No: \_\_\_\_\_ Fee Paid: \_\_\_\_\_  
 Receipt No: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Approved { } Disapproved { }

Member, Board of Electrical Examiners, Montgomery County Maryland Date \_\_\_\_\_  
 \*To review our current licensing procedures & fees please visit our website at:  
[Electrical Contractor's Business License Procedure Sole Proprietorship or Partnership](#) or  
 call 240-777-6300 for current fee schedule  
 NOTE: FEES MAY BE SUBJECT TO ANNUAL CHANGES EFFECTIVE JULY 1<sup>ST</sup>.

**Section A-1: Is the Company/Corporation Qualified to Do Business in Maryland?**

Is the Company/Corporation qualified to do business in Maryland? { } Yes { } No  
 Name of Resident Agent: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Resident Agent's Address: \_\_\_\_\_

**Section A-2: License Master(s) and/or Limited Master(s) Responsible for Supervision of Work.**

Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
 Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
 Limitations (if any): \_\_\_\_\_

**Section B-1: Identification**

Name of Corporation/Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Where Incorporated: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**Section B-2: Officers & Ownership in Applicant Firm**

President: \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Vice President: \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Secretary: \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Treasurer: \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Other Stockholders over 25% \_\_\_\_\_ % of Ownership: \_\_\_\_\_

(List any Stockholder(s) and/or officer(s) of the Corporation holding office in any other Electrical Contracting or Building Construction firm. Use supplementary sheet, when needed, to answer this section fully.)

**Section C: References**

Bank: \_\_\_\_\_

Three material suppliers: \_\_\_\_\_

Two general business references: \_\_\_\_\_

**Section D: Licenses and Violations**

- 1. Has applicant or partner ever filed for bankruptcy or insolvency? { } Yes      { } No
- 2. Has Corporation ever had an Electrical License or bond suspended or revoked? { } Yes      { } No
- 3. Are there any electrical code violations outstanding against Corporation? { } Yes      { } No
- 4. Are there any pending law suits or unsatisfied judgments outstanding against the Corporation? { } Yes      { } No
- 5. Has any officer or owner been convicted of a criminal offense other than traffic violations? { } Yes      { } No

**(If YES to any of the above questions, give dates, license #, and details on a separate sheet.)**

**NOTE:** Any change in corporate officers, corporate name change or master electrician affiliation must be submitted IN WRITING along with the change fee to the Electrical Board of Examiners at 255 Rockville Pike, Rockville, MD. 20850 within fifteen days with all pertinent details.

**Affidavit**

"I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF." I further authorize the release of any information contained within this application to an authorized representative of the Department of Permitting Services for further investigation.

Original Signature – President: \_\_\_\_\_ Original Signature – Secretary: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_