



**Montgomery County
Department of Permitting Services**

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 a Reciprocal Electrical License other Jurisdictions

A. Type of Application

Journeyman Master Limited Master

*To review our current licensing procedures & fees please visit our website, click the link below
[Procedure for Reciprocal License Other Jurisdiction](#) or

call 311, (240-777-0311 if outside Montgomery County) for current fee schedule

NOTE: FEES ARE SUBJECT TO ANNUAL CHANGES EFFECTIVE JULY 1ST

B. For Office Use Only

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

Member, Board of Electrical Examiners, Montgomery County Maryland Date

C. Part One: (Applications that are not complete will be returned – Please print).

Name of Applicant: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
E-mail Address _____

The Electrical Business you are representing in Montgomery County:

Business Name: _____
Address: _____
E-mail Address _____
City: _____ State: _____ Zip: _____ Phone: _____

Have you ever had any electrical licenses suspended or revoked? { } Yes { } No
Have you ever been denied the issuance of electrical permits? { } Yes { } No

(If the answer is "yes" for the above questions give the details on a separate sheet of paper)

I hereby apply for a Reciprocal Electrical License from _____ County/City _____

NOTE: ATTACH A SIGNED PHOTOSTATIC COPY OF YOUR CURRENT LICENSE SHOWING THE EXPIRATION DATE AND LICENSE NUMBER. IF MASTER/LIMITED MASTER ELECTRICAL BUSINESS NAME MUST BE ON LICENSE.

D. Part Two: (To be completed by the Electrical Board or by Licensing Authority in the applicant's jurisdiction).

I hereby certify and attest that (name of applicant) _____ has satisfactorily proven to me to hold a current electrical license of the following classification { } **Master** { } **Limited Master** { } **Journeyman** which was originally issued on (date) _____ by this jurisdiction as a license received by: { } **examination** or { } **reciprocation form another jurisdiction**. Examination of our records indicates no current violations of regulations or current suspension of license against said applicant as of the date of signing.

Signature of authorized Board Member/Approving Officer Date

Title and jurisdiction of Board Member/Approving Officer Telephone Number

"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 of Applicant: _____ Date: _____

Print Name: _____