



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>



Renewal Application for Electrician License

A. Purpose:

Apprentice Journeyman Master Limited Master

***To review our current licensing procedures & fees please visit our website, click below link**

[Procedure for Renewal of Master, Limited Master, and Journeyman Electrician License](#) or call 311 (240-777-0311 if outside Montgomery County) for current fee schedule

NOTE: FEES MAY BE 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 { }

Signature _____

Date _____

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

Applicant Name _____ **LICENSE NUMBER** _____

Address _____ Home Telephone _____

City _____ State _____ Zip _____

In-Active Active (if active please provide the following information)

Business Name (affiliation) _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____ **Business License No.** _____

D. Licenses and Violations: (Since last renewal).

- | | | |
|---|---------|--------|
| 1. Have you had your Electrical License or Bond suspended or revoked? | { } Yes | { } No |
| 2. Are there any electrical code violations now outstanding against electrical permits issued to you? | { } Yes | { } No |
| 3. Are there any pending law suits or unsatisfied judgements outstanding against you? | { } Yes | { } No |
| 4. Have you been convicted of a criminal offense other than a traffic violation? | { } Yes | { } No |

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

E. 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.

Applicant Original Signature _____ Date _____

Print Name _____