



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 Reciprocal Electrical License Statewide

To review our current licensing procedures & fees please visit our website or click the link below [Procedure for Statewide Reciprocal License](#) or call 311 (240-777-0311 If outside Montgomery County) for current fee schedule

NOTE: FEES ARE SUBJECT TO ANNUAL CHANGES EFFECTIVE JULY 1<sup>ST</sup>.

### A. 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 \_\_\_\_\_

### B. Applicant Information: (Applications that are not complete will be returned – please print).

Applicant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### C. The Electrical Business You Are Representing in Montgomery County:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### D. Licenses and Violations

1. Have you ever been convicted of any criminal act in any jurisdiction?  Yes  No
2. Have you ever operated as an Electrical Contractors Business in Montgomery County?  Yes  No
3. Have you ever had an Electrical License or Bond suspended or revoked?  Yes  No
4. Are there any electrical violations outstanding against electrical permits issued to you in any jurisdiction within the past year?  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: \_\_\_\_\_