



**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>

Renewal Application for Electrical Contractor Business License

Directions

**COMPANY/CORPORATIONS FILL OUT SECTIONS A, B & D
ALL OTHERS FILL OUT SECTIONS A, C & D**

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

[Procedure for Electrical Business Renewal](#) or call 311 (240-777-0311 if outside Montgomery County) for current fee schedule

NOTE: Fees are subject to annual changes effective July 1ST.

APPLICATIONS THAT ARE NOT COMPLETE WILL BE RETURNED – PLEASE PRINT

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: _____
 Signature _____ Date _____
 Approved { } Disapproved { }

Section A-1: Is the Corporation qualified to do business in Maryland?

Is the 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.: _____
 Limitations (if any): _____

Section B-1: Identification

Name of Corporation/Company: _____ License No: _____
 Address: _____
 Where Incorporated/Company: _____ Date of Incorporation/Company: _____
 Telephone No.: _____ E-mail Address _____

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. Also indicate name of firm. Use supplementary sheet, when needed, to answer this section fully.)

Sole/Partnership

Section C-1: Identification

Full Name of Individual _____
Trade Name _____ License No. _____
Business Address _____
City _____ State _____ Zip _____
Business Telephone No. _____ Home Telephone No. _____

Section C-2: Name of Partner(s)

Name _____ Phone Number _____
Home Address _____
City _____ State _____ Zip _____

List any partner(s), including applicant, where same is affiliated with any other construction or building firm. Also, indicate name of firm. (Use supplementary sheet, when needed, to answer this section fully.)

Section D: Licenses and Violations (since last renewal)

- 1. Has any individual, officer or owner ever filed for bankruptcy or insolvency? { } Yes { } No
- 2. Has individual or Corporation ever had a Builder's License/Electrical License or Bond suspended or revoked? { } Yes { } No
- 3. Are there any building/electrical code violations now outstanding against the individual or Corporation? { } Yes { } No
- 4. Has any individual, 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 of partnership, corporation name change, master's affiliation, corporation personnel or any other change affecting the validity of this license must be submitted in writing to the Board of Electrical Examiners 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 Owner/President or first Partner _____ Original Signature Corporate/Company Secretary or Second Partner _____

Print Name: _____ Date: _____ Print Name: _____ Date: _____