



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
CRIMINAL BACKGROUND DISCLOSURE			
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>			
1. Have you ever been convicted by any court of any crime? (circle one) NO YES			
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.			
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES			
If yes, enclose a detailed explanation and copies of all documents.			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

ELECTRICIANS EXAMINING BOARD RECIPROCITY APPLICATION	
Required Fee: \$196.00 (Master or Journeyman Electrician) (Includes criminal records check fee)	
<input type="checkbox"/> Master (MS1421) <input type="checkbox"/> Journeyman (JY1421)	
Office Use Only:	
1421 - \$150.00	
1446 - \$25.00	
2619-\$21.00	
<i>Office Use Only:</i>	
Check # _____	
Amount: _____	
Cash # _____	
Lic. # _____	
Issue Date _____	
Exp. Date _____	

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	the following amount: \$ _____	
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE		DATE	

EMPLOYMENT RECORD: In the space provided below, please furnish a record of employment you have had as an **ELECTRICIAN**. Describe in detail the type of electrical work you have performed in each position, including any special duties you have undertaken and any unusual responsibilities you have assumed. Use your name as it appears on the company's payroll if different from that given on this application. If more space is needed, attach an 8 ½ x 11 sheet of paper to this application. You must document at least six years of licensed working experience in the electrical field, and attach a certified statement from the State Licensing Board in which you are currently licensed.

PRESENT OR LAST EMPLOYER:

PRESENT OR LAST EMPLOYER

YOUR TITLE

COMPLETE ADDRESS

DATES OF EMPLOYMENT: FROM: MO/YR

TO: MO/YR

TOTAL HOURS PER WEEK:

TOTAL HOURS PER YEAR:

DETAIL OF WORK PERFORMED:

MAY WE CONTACT THIS EMPLOYER: Yes No

PREVIOUS EMPLOYER:

PREVIOUS EMPLOYER

YOUR TITLE

COMPLETE ADDRESS

DATES OF EMPLOYMENT: FROM: MO/YR

TO: MO/YR

TOTAL HOURS PER WEEK:

TOTAL HOURS PER YEAR:

DETAIL OF WORK PERFORMED:

MAY WE CONTACT THIS EMPLOYER: Yes No

PREVIOUS EMPLOYER:

PREVIOUS EMPLOYER

YOUR TITLE

COMPLETE ADDRESS

DATES OF EMPLOYMENT: FROM: MO/YR

TO: MO/YR

TOTAL HOURS PER WEEK:

TOTAL HOURS PER YEAR:

DETAIL OF WORK PERFORMED:

MAY WE CONTACT THIS EMPLOYER: Yes No

PREVIOUS EMPLOYER:

PREVIOUS EMPLOYER _____

YOUR TITLE _____

COMPLETE ADDRESS _____

DATES OF EMPLOYMENT: FROM: MO/YR _____

TO: MO/YR _____

TOTAL HOURS PER WEEK: _____

TOTAL HOURS PER YEAR: _____

DETAIL OF WORK PERFORMED: _____

MAY WE CONTACT THIS EMPLOYER: Yes No

Do you or have you ever held any type of Electrician's license in this state? YES NO

If yes, please specify year, number and type. _____

I received my license by: Grandfather's Clause Examination

Date of Grandfathering/Examination _____

Type of Examination: Master

Journeyman

Examination administered by: State of _____

Board Members Denying Application _____

(please initial)

Date: _____

Reason for Denial: _____

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.
- **What States does Maine reciprocate with?** The State of Maine presently has reciprocity agreements with New Hampshire and Vermont at the Master and New Hampshire and Vermont, North Dakota, Idaho and Oregon at the Journeyman level.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Provide documentation of six years of licensed working experience.
- Provide a certified statement of your license from the State licensing board in which you are currently licensed
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.