



**Commonwealth of Massachusetts  
Division of Professional Licensure  
Board of State Examiners of Electricians**

**Application for Examination**

Completed by Vendor/Board

Ex. Date \_\_\_\_\_

Ex. Result \_\_\_\_\_

Cert. Date \_\_\_\_\_

Cert. No. \_\_\_\_\_

3<sup>rd</sup> Time Fail Resubmission App

Complete and forward this registration form with the applicable examination fee to:

**MAELAPPS@PSIONLINE.COM**

**(800) 733-9267 \* TTY (800) 735-2929**

Applying for	Check One	License no.	Date
Master Electrician exam	<input type="checkbox"/>	MA Journeyman	Issued:
Systems Contractor exam	<input type="checkbox"/>	MA Technician	Issued:
Journeyman Electrician exam	<input type="checkbox"/>		
Systems Technician exam	<input type="checkbox"/>		

Attach a recent photo here

**Please Print or Type. This is an official Document; please enter your legal name and information.**

Social Security Number (required)*		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name		First Name		Middle Name	Generation
Building number	Street address			Po Box	
City				State	Zip Code
Primary Phone Number ( ) ( )			Mobile Phone Number ( ) ( )		
Email Address (required) All primary communication will be via email					

\*Pursuant to MGL. c 62C § 47A, the Division of Professional Licensure is required to obtain your Social Security number and forward it to the Department of Revenue. The Department of Revenue will use your Social Security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Place X where applicable and submit documentation	Journeyman	Master	Systems Technician	Systems Contractor
	Education requirement	Approved program 600 hrs	Approved program 150 hrs	Approved program 300 hrs
Work experience requirement	Licensee supervised 4yrs and 8000 hrs	MA Journeyman license	Licensee supervised 2yrs and 4000 hrs	MA Systems Technician license
Out of state education	Equivalent program 600 hrs	Equivalent program 150 hrs	Equivalent program 300 hrs	Equivalent program 75 hrs
Out of state work experience	Supervised or Licensed equivalent 4 yrs and 8000 hrs	MA Journeyman license	Supervised or Licensed equivalent 2yrs and 4000 hrs	MA Systems Technician license
Current Employer			Starting Date	Employed
Employer Address			/ /	Years
				Months

If you are applying to take the Masters exam but do not yet have a MA Journeyman license please check here.  
**(For Out of State Applicants only)**

1. Are you applying for reinstatement of an existing license? Yes  No  Expired license No: \_\_\_\_\_ Approval code REIN: \_\_\_\_\_ **If you have not received an REIN you are not approved for reinstatement. You must contact the Board office for an REIN.**
2. Have you taken the MA exam and failed more than six times? Yes  No  Last exam date: \_\_\_\_\_
3. High school diploma or equivalency attached? Yes  No  Obtained date? \_\_\_\_\_
4. Has a licensing/certification board located in the United States or any country or foreign jurisdiction taken any disciplinary action against any licenses you hold in another jurisdiction? Yes  No   
If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_
5. Are you the subject of pending complaints that may result in disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes  No   
If yes, Please state the details (use a separate sheet if necessary): \_\_\_\_\_
6. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes  No   
If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_
7. Have you ever applied for and been denied a professional license in the United States or any country of foreign jurisdiction? Yes  No   
If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_
8. Have you ever admitted to or been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction? Yes  No   
If yes, candidate must write a letter explaining what happened, how it happened and what was the outcome. If you have out of state convictions you must provide court documentation of the outcome. Without this paperwork, your application will be denied by the State Board. (use a separate sheet if necessary): \_\_\_\_\_
9. Do you have any open/pending charges pertaining to a felony or misdemeanor in the United States or any country or foreign jurisdiction? Yes  No   
If yes, candidate must send in court documentation and write a letter explaining what happened. Without this paperwork, your application will be denied by the State Board. Without this paperwork, your application will be denied by the State Board. (use a separate sheet if necessary): \_\_\_\_\_

The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. If necessary you will be given an opportunity for a limited appearance before the Board.

By signing this application I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of State Examiners of Electricians to deny my right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to M.G.L.c.62C, s. 49A, to the best of my knowledge and belief, I have filed all Mass tax returns and paid all Mass taxes required by law.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

If you are enclosing a Special Arrangement/Exam Accommodation Request letter and required documentation please check here

**Application Fees:**

Applicants must submit the total fees from the table below with the application to PSI (No cash or personal checks allowed). These fees do not include your licensing fee. See Candidate Information Bulletin

**Re-examination Fees:**

Re-examination fees are based on the portion of the exam that you are retaking. The total for both portions is \$135.

	Journeyman exam	Master exam	Systems Technician exam	Systems Contractor exam
PSI exam Application Processing Fee	\$60	\$75	\$60	\$75
Trade portion Examination Administration Fee (non-refundable)	\$80	\$80	\$80	\$80
Business/Practical portion Examination Administration Fee (non-refundable)	\$55	\$55	\$55	\$55
MA exam Application Processing Fee* (non-refundable) Per the valor act this fee is waived for Veterans, Active military and their spouses	\$31	\$66	\$31	\$66
Total	\$226	\$276	\$226	\$276
Total with MA fee waived	\$195	\$210	\$195	\$210

**Money Order or Cashier's Check also accepted.** No cash or personal check.

Credit card (MasterCard or VISA) payment accepted for phone or fax review/re-exam registrations only. MC Visa

Credit Card No:		Cardholder Name :
Exp. Date:	Verification No.:	Signature:
Billing Address		
Billing City	Billing State	Billing Zip Code

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

**FOR LICENSING PURPOSES ONLY:**

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to an initial CORI check and a subsequent CORI check, both within one year of the date of this Form, and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please provide the name of the board of registration and license type for which you are applying or currently hold:*

MA-EL  
\_\_\_\_\_  
Board of Registration

\_\_\_\_\_  
License Type

**NOTE: THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM WILL NOT BE ACCEPTED UNLESS IT HAS BEEN SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS COMPLETED THE "VERIFICATION BY NOTARY SECTION" ON PAGE TWO, DOCUMENTING THAT SAID NOTARY HAS VERIFIED THE IDENTITY OF THE SIGNER THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION.**

SUBJECT INFORMATION: (A red asterisk (\*) denotes a required field)

\_\_\_\_\_  
\*Last Name                      \*First Name                      Middle Name                      Suffix

\_\_\_\_\_  
\*Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
\*Date of Birth                      \*Place of Birth

\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_      Height: \_\_\_\_ ft. \_\_\_\_ in.      Eye Color: \_\_\_\_\_

\*Driver's License or ID Number: \_\_\_\_\_      \*State of Issue: \_\_\_\_\_

Current and Former Addresses:

\_\_\_\_\_  
\*Street Number & Name                      City/Town                      State                      Zip

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

**IDENTITY VERIFICATION SECTION: Prior to submission to the Board's application vendor, this Section must be completed.**

**VERIFICATION BY NOTARY:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:<sup>1</sup>

- Passport     State-issued driver's license     Military identification     State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public:

\_\_\_\_\_  
Notary Commission Expires On