



State of Maine
Department of Professional & Financial Regulation
Office of Professional & Occupational Regulation

INDIVIDUAL EXAMINATION 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	
PHONE # ()	FAX # ()	E-MAIL	
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 Professional & Occupational Regulation 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
EXAMINATION APPLICATION**

EXAMINATION TYPE:

- Journeyman (JY)
 Master (MS)

Lic. # _____

Do you or have you ever held any type of electrician's license in the State of Maine?

Yes No If so, what type of license _____, dates _____.

Is it still current? Yes No

Do you or have you ever held any type of electrician's license in any other State?

Yes No If so, what type of license _____, dates _____.

Is it still current? Yes No

TRAINING AND EDUCATION

EDUCATION AND TRAINING	FROM MO. YR.	TO MO. YR.	ELECTRICAL COURSES COMPLETED
HIGH SCHOOL			
CORRESPONDENCE			
TECHNICAL SCHOOLS OR INSTITUTES			
COLLEGE			
CODE COURSES			

NON-RESIDENT/OUT-OF-STATE ELECTRICAL WORK EXPERIENCE
Dates and times accumulated both must be listed or Affidavit will be returned.

HELPER ELECTRICIAN

APPRENTICE ELECTRICIAN

JOURNEYMAN ELECTRICIAN

LIMITED ELECTRICIAN

From:
(Month/Day/Year)

To:
(Month/Day/Year)

And worked _____ hours in the field of electrical installations.

I attest to the electrical work experience and work hours completed by the above-named licensee while under my employment or supervision.

Signature of Supervising/Employing Electrician

Date

NON-RESIDENT EXPERIENCE - SELF EMPLOYED MASTER ELECTRICIAN
(SELF-EMPLOYED AS A MASTER FOR AT LEAST THE PAST SIX YEARS)

This section is to be completed by community leaders who have knowledge of the applicant’s work experience in the field of electrical installations (e.g., local electrical inspector, code enforcement officer, etc.) **THREE separate community leaders must complete this section**

1st Community Leader Name:

Community Leader’s Email Address:

Community Leader’s Mailing Address:

City:

State:

Zip Code:

I do hereby acknowledge that I have first-hand knowledge of the above-referenced applicant’s work experience in the field of electrical installations as a **Master** electrician in my community:

From Date:
(Month/Day/Year)

Through:
(Month/Day/Year)

Signature:

Date:

2nd Community Leader Name:

Community Leader’s Email Address:

Community Leader’s Mailing Address:

City:

State:

Zip Code:

I do hereby acknowledge that I have first-hand knowledge of the above-referenced applicant’s work experience in the field of electrical installations as a **Master** electrician in my community:

From Date: (Month/Day/Year)	Through: (Month/Day/Year)
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Signature:	Date:
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3rd Community Leader Name:

Community Leader's Email Address:

Community Leader's Mailing Address:

City:	State:	Zip Code:
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I do hereby acknowledge that I have first-hand knowledge of the above-referenced applicant's work experience in the field of electrical installations as a Master electrician in my community:

From Date: (Month/Day/Year)	Through: (Month/Day/Year)
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Signature:	Date:
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