



**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. _____

Complete and forward this registration form with the applicable examination fee to:
PSI Examination Services / ATTN: Examination Registration MA EL
3210 E Tropicana Ave/ Las Vegas, NV 89121
(800) 733-9267 * Fax (818) 247-3853 * TTY (800) 735-2929

| Application for | ✓ | MA License no. | Date |
|-----------------------------|---|----------------|---------|
| Master Electrician exam | | MA Journeyman | Issued: |
| Systems Contractor exam | | MA Technician | Issued: |
| Journeyman Electrician exam | | | |
| Systems Technician exam | | | |
| Reinstatement exam | | | |

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 Male <input type="checkbox"/> Female <input type="checkbox"/> prefer not to answer <input type="checkbox"/> | | |
| Last Name | | First Name | | Middle Name | | Generation |
| Building number | Street address | | | Po Box | | |
| City | | | State | | Zip Code | |
| Primary Phone Number () () | | Mobile Phone Number () () | | 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 150 hrs | Approved program 300 hrs | Approved program 300 hrs | Approved program 75 hrs | Approved program 75 hrs |
| Work experience requirement | Licensee supervised 4yrs and 8000 hrs | MA Journeyman license | MA Journeyman license | Licensee supervised 2yrs and 4000 hrs | Licensee supervised 2yrs and 4000 hrs | MA Systems Technician license | MA Systems Technician license | |
| Out of state education | Equivalent program 600 hrs | Equivalent program 150 hrs | Equivalent program 150 hrs | Equivalent program 300 hrs | Equivalent program 300 hrs | Equivalent program 75 hrs | Equivalent program 75 hrs | |
| Out of state work experience | Supervised or Licensed equivalent 4 yrs and 8000 hrs | MA Journeyman license | MA Journeyman license | Supervised or Licensed equivalent 2yrs and 4000 hrs | Supervised or Licensed equivalent 2yrs and 4000 hrs | MA Systems Technician license | MA Systems Technician license | |
| Current Employer | | | | | Starting Date | | Employed | |
| | | | | | / / | | Years | |
| Employer Address | | | | | | | Months | |

1. Are you applying for reinstatement of an existing license? Yes No Expired license No: _____ Approval code REIN: _____ **Nb. 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? Yes No No. of times since approval: _____ 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 you must provide a letter explaining why you answered yes. If you have out of state convictions you must provide court documentation of the outcome.

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)

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: |

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 provided, however, that the Division of Professional Licensure must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided below is true and accurate.

Signature

Date

NOTE: PSI AND DPL CAN ACCEPT THIS CORI ACKNOWLEDGMENT FORM ONLY IF IT IS SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED YOUR IDENTITY

SUBJECT INFORMATION: (An 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 SSN — | Sex | Height ft in | Eye Color | Driver's Lic. or ID No. State issued |
| Current Address | | | | |
| Street Number & Name | | City/Town | State | Zip |
| Former Address | | | | |
| Street Number & Name | | City/Town | State | Zip |

VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, _____ (name of document signer), personally appeared before me, the undersigned notary public, and proved to me through satisfactory evidence of identification¹ :

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

¹ If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).