



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

Application for Examination

Complete and forward along with all required documentation to:
MAELAPPS@PSIONLINE.COM

PSI Customer Service (855) 834-8745 * TTY (800) 735-2929

Applying for	Check One	License no.	Date
Master Electrician exam		MA Journeyman	Issued:
Systems Contractor exam		MA Technician	Issued:
Journeyman Electrician exam			
Systems Technician 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 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (Unspecified)	
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	Approved program 75 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

1. Are you applying for reinstatement of an existing license? Yes ☐ No ☐ Expired license No: _____ Approval code REIN: _____ If you have not received a REIN code contact the Board office. (Upon passing the exam you must contact the Board to renew the license. A PSI license card will not mean your license is current)
2. Have you taken the MA exam and failed more than six times? Yes ☐ No ☐ Last exam date: _____
3. Have you completed a High school diploma or equivalency? Yes ☐ No ☐ Completion date _____
4. Are you licensed in any other state in the United States? Yes ☐ No ☐ (List License numbers and their statuses on a separate sheet) If yes, attach certified statements/license verifications from the state licensing Board for each active license.
5. 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): _____
6. 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): _____
7. 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): _____
8. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes ☐ No ☐ If yes, please state the details (use a separate sheet if necessary): _____
9. 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): _____
10. 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 this box ☐

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

COMMONWEALTH OF MASSACHUSETTS
1000 Washington Street, Suite 710
Boston, MA 02118-6100

CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

The Division of Occupational Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Occupational 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 Occupational 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 Occupational Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

I understand that the Division of Occupational Licensure may conduct a subsequent CORI check within one year of the date this Form was signed by me. I understand that if my licensure is not completed within one year from the date of this authorization, I will be required to submit a new authorization form prior to licensure.

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:

Board of Registration

License Type

NOTE: DOL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DOL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.

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

* 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: If this form is submitted by hand at DOL Offices, Section A must be completed. Otherwise, Section B must be completed.

SECTION A: VERIFICATION BY DOL EMPLOYEE: I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:¹

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

VERIFIED BY: _____

Name of Verifying DOL Employee (Please Print)

Signature of Verifying DOL Employee

Date

SECTION B: 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:¹

☐ 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).