

APPLICATION FOR LICENSE

SINGLE-FAMILY DWELLING CERTIFICATION



Department of Professional and Financial Regulation
Office of Licensing and Registration

ELECTRICIANS' EXAMINING BOARD

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207)624-8610
Hearing Impaired: (207) 624-8563
e-mail: nanette.s.wescott@state.me.us

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

Single-Family Dwelling Certification

COMPLETING THE APPLICATION FORM – When applying for an inspection from a state electrical inspector follow these steps:

- Complete and submit this form with the \$50.00 fee to the Electricians' Examining Board.
- A certificate will be returned to the homeowner.
- Arrangements for inspection will be made by the homeowner by contacting the inspector at (207) 624-8519
- Once the inspection is complete, the inspector will validate the electrical installation by signing the certificate and assigning an inspection number.
- Present the certificate to the Power Company to confirm inspection.

Incomplete applications will be returned.

INFORMATION – Nothing in this Chapter may prevent a person from making electrical installations in a single-family residence occupied by him or to be occupied by him as his bona fide personal abode, providing the installation conforms with the standards of the National Electrical Code. Any electrical installations made under the authority of this paragraph, after July 1, 1987, in a newly constructed residence, shall require certification by a State or Local Inspector, Master Electrician or Limited Electrician in House Wiring prior to the activation of electricity by the utility company.

Please note: Time scheduling for inspections may vary

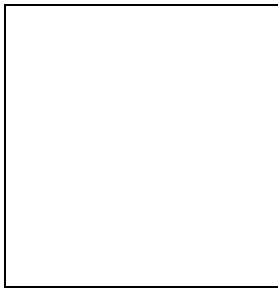
STATE OF MAINE ELECTRICAL INSPECTORS

Tel: (207) 624-8610 or 624-8635

Inspectors Voice Mail: (207) 624-8519

William G. Macomber	Senior Electrical Inspector
Paul Gaudreau	Cumberland, York
Robert Bean	Washington, Aroostook, Hancock
Vacant	Lincoln, Waldo, Knox, Sagadahoc
Winfield Robbins	Androscoggin, Kennebec, Franklin, Oxford
Vacant	Piscataquis, Somerset, Penobscot

SINGLE-FAMILY DWELLING APPLICATION



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
ELECTRICIANS' EXAMINING BOARD
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8610 FAX: (207)624-8637
HEARING IMPAIRED: (207)624-8563
Location: 122 Northern Avenue, Gardiner, Maine

Office Use Only
Cash #: _____
Certification #: _____
4220-1441

INSPECTION FEE: \$50.00 (for inspection by a State Electrical Inspector)
Check made payable to the Treasurer of the State

OWNER:

Name Location/Street

Town/City State Zip County

Home Tel. # () _____ - _____ Time of Day at this #: _____

Work Tel. # () _____ - _____ Time of Day at this #: _____

Name of person performing electrical installations: _____

If licensed electrician, license number: _____

Actual location of the dwelling:

GIVE A WRITTEN DESCRIPTION OF THE EXACT LOCATION WHERE INSPECTION WILL OCCUR, SUCH AS TOWN, NAME OF ROAD, MAIL BOX NUMBER (YOURS OR NEAREST NEIGHBORS), POLE# NEXT TO BUILDING, ETC.

Location/Street Town/City County

Please list any additional directions below:

Please list builder if other than owner:

Name Location/Street

Town/City State Zip County



ANGUS S. KING, JR.
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
ELECTRICIANS' EXAMINING BOARD
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR



AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name of applicant: (fees being paid for)		
Mailing Address of applicant: (fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: () -	
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____

Card number

Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____ Date: ____/____/____

PHONE: (207)624-8610
(Office Phone)



PRINTED ON RECYCLED PAPER

(207)624-8653 (HEARING IMPAIRED)

FAX: (207)624-8637