

# **APPLICATION FOR LICENSE RECIPROCIITY**



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](mailto:nanette.s.wescott@state.me.us)

Office located at: 122 Northern Avenue, Gardiner, Maine

# APPLICATION INSTRUCTIONS

## Reciprocity

**COMPLETING THE APPLICATION FORM** – Answer all questions and return the following to this office:

- License application and two (2) checks:
  - \$25.00 application fee
  - \$150.00 for Masters and \$80.00 for Journeyman
- A certified statement of your license from the State licensing board in which you are currently licensed
- Proof of electrical education or documentation of six years of licensed working experience

Incomplete applications will be returned.

**RECIPROCITY REQUIREMENTS** – The Electricians' Examining Board shall issue a license to any person who files a sworn application, is licensed by another state or territory of the United States that has a reciprocity agreement with the State of Maine, and who has been licensed and actively engaged in work as an electrician for a minimum of six years.

The Board may waive the 576 hours of study required for a journeyman or master license pursuant to 32 M.R.S.A. §1202. The Board may require the applicant to submit such written evidence, verified by oath, as it determines necessary to support the application.

Any person licensed by reciprocity must comply with Maine statutes and rules governing electrical installations while engaged in electrical work in the State of Maine. Any person licensed by reciprocity shall be subject to the provisions of 32 M.R.S.A. §1204 regarding renewal.

**MASTER ELECTRICIAN** – A person applying for a Master electrician's license by reciprocity must provide documentation of six years of licensed working experience.

**JOURNEYMAN ELECTRICIAN** – A person applying for a Journeyman electrician's license by reciprocity must provide documentation of six years of licensed working experience **or** 531 hours of education and 8,000 hours of work experience.

# RECIPROCITY 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

Office Use Only	
Cash #:	
Date Approved:	
Date Issued:	
License #:	
<input type="checkbox"/> 4220-1446	\$ 25.00
<input type="checkbox"/> 4220-1421	\$ 150.00
<input type="checkbox"/> 4220-1422	\$ 80.00

APPLICATION FEE: \$ 25.00 (non-refundable)  
 LICENSE FEE:  Master: \$150.00       Journeyman: \$80.00

**MAKE TWO (2) CHECK PAYABLE TO: TREASURER STATE OF MAINE**

**Social Security Number**    \_ \_ \_ - \_ \_ - \_ \_ \_ \_ \_

The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

**NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED**

Name of applicant:		
Mailing Address of applicant:		
City:	State:	Zip Code:
County:	Home Telephone: (    )    -	
	Work Telephone: (    )    -	
Date of Birth:    /    /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	

**I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE CERTIFICATE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.**

ATTACH A PHOTO OF YOURSELF

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Have you ever been convicted of a crime other than a minor traffic violation? Yes No  
If yes, please list date(s), crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

**EMPLOYMENT RECORD:** In the space provided below, please furnish a record of employment you have had as an **ELECTRICIAN**. Describe in detail the type of electrical work you have performed in each position, including any special duties you have undertaken and any unusual responsibilities you have assumed. Use your name as it appears on the company's payroll if different from that given on this application. If more space is needed, attach an 8 ½ x 11 sheet of paper to this application. In lieu of education, you must document at least six years of licensed working experience in the electrical field.

**PRESENT OR LAST EMPLOYER:**

PRESENT OR LAST EMPLOYER

YOUR TITLE

COMPLETE ADDRESS

DATES OF EMPLOYMENT: FROM: MO/YR

TO: MO/YR

TOTAL HOURS PER WEEK:

TOTAL HOURS PER YEAR:

DETAIL OF WORK PERFORMED:

MAY WE CONTACT THIS EMPLOYER: Yes No

**2. EMPLOYER:**

PRESENT OR LAST EMPLOYER

YOUR TITLE

COMPLETE ADDRESS

DATES OF EMPLOYMENT: FROM: MO/YR

TO: MO/YR

TOTAL HOURS PER WEEK:

TOTAL HOURS PER YEAR:

DETAIL OF WORK PERFORMED:

MAY WE CONTACT THIS EMPLOYER: Yes No

**3. EMPLOYER:**

PRESENT OR LAST EMPLOYER \_\_\_\_\_ YOUR TITLE \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: MO/YR \_\_\_\_\_ TO: MO/YR \_\_\_\_\_

TOTAL HOURS PER WEEK: \_\_\_\_\_ TOTAL HOURS PER YEAR: \_\_\_\_\_

DETAIL OF WORK PERFORMED: \_\_\_\_\_

\_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER: Yes No

**4. EMPLOYER:**

PRESENT OR LAST EMPLOYER \_\_\_\_\_ YOUR TITLE \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: MO/YR \_\_\_\_\_ TO: MO/YR \_\_\_\_\_

TOTAL HOURS PER WEEK: \_\_\_\_\_ TOTAL HOURS PER YEAR: \_\_\_\_\_

DETAIL OF WORK PERFORMED: \_\_\_\_\_

\_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER: Yes No

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

**PROOF OF EDUCATION MUST BE SUBMITTED OR PROOF OF SIX YEARS AS A  
LICENSED ELECTRICIAN WORKING WITH THE TOOLS.**

Do you or have you ever held any type of Electrician's license in this state?  YES  NO

If yes, please specify year, number and type. \_\_\_\_\_

I received my license by:  Grandfather's Clause  Examination

Date of Grandfathering/Examination \_\_\_\_\_

Type of Examination:  Master  Journeyman

Examination administered by:  State of \_\_\_\_\_  
 Experiior \_\_\_\_\_  
 Other \_\_\_\_\_

**REFERENCES:** Give below the name and address of three references, either a master or a journeyman electrician who can certify your hours of experience, reliability and quality of electrical work.

MASTER, LIMITED  
Or JOURNEYMAN

\_\_\_\_\_  
Name Address Telephone

MASTER, LIMITED  
Or JOURNEYMAN

\_\_\_\_\_  
Name Address Telephone

MASTER, LIMITED  
Or JOURNEYMAN

\_\_\_\_\_  
Name Address Telephone

Board Members Denying Application \_\_\_\_\_ Date: \_\_\_\_\_  
(please initial)

Reason for Denial:

\_\_\_\_\_  
\_\_\_\_\_



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.**

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

**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