

**LICENSE TERM: 07/01/09 - 07/01/11**

**COUNTY LICENSE # \_\_\_\_\_**

**DORCHESTER COUNTY ELECTRICAL APPLICATION**

**\*\*INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT ACTION\*\***

**NAME TO BE ON LICENSE \_\_\_\_\_**

**COMPANY NAME \_\_\_\_\_**

**COMPANY ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_**

**COMPANY PHONE # \_\_\_\_\_ COMPANY FAX # \_\_\_\_\_**

**HOME ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE NO. \_\_\_\_\_**

**EMAIL ADDRESS \_\_\_\_\_**

**WOULD YOU LIKE YOUR RENEWAL APPLICATION EMAILED TO YOU? \_\_\_\_\_**

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**HAS YOUR BUSINESS ADDRESS OR COMPANY CHANGED? \_\_\_\_\_**

**HAS YOUR HOME ADDRESS CHANGED? \_\_\_\_\_**

**HAD YOUR EMAIL ADDRESS CHANGED? \_\_\_\_\_**

**IS YOUR LICENSE TO BE ACTIVE OR INACTIVE? \_\_\_\_\_**

**PLEASE COMPLETE THE FOLLOWING**

1. ENCLOSE A CHECK OR MONEY ORDER IN THE PROPER AMOUNT PAYABLE TO DORCHESTER COUNTY BOARD OF ELECTRICAL EXAMINERS.
2. IF YOU HOLD A MARYLAND STATE LICENSE, ENCLOSE A COPY OF YOUR WALLET CARD.
3. ENCLOSE A COPY OF YOUR PROOF OF INSURANCE. ELECTRICIANS NAME SHOULD BE SHOWN ON THE INSURANCE CERTIFICATE.
4. COPY OF CERTIFICATE(S) SHOWING FIVE (5) HOURS OF CONTINUING EDUCATION DURING 2007 – 2009.
5. RETURN ALL MATERIAL TO:  
DORCHESTER COUNTY PLANNING AND ZONING  
501 COURT LANE, PO BOX 107  
CAMBRIDGE, MD 21613

**PLEASE CALL 410-228-3234 WITH ANY QUESTIONS.**

**FEES ARE AS FOLLOWS:    MASTER ELECTRICIAN-----\$150.00  
                                  GENERAL ELECTRICIAN--- -\$100.00  
                                  LIMITED ELECTRICIAN----- \$ 80.00  
                                  ANNUAL SHELIVING FEE----- \$ 40.00**

**SIGNATURE OF APPLICANT \_\_\_\_\_**

**DATE \_\_\_\_\_**

**\*\*THIS IS FOR A TWO-YEAR RENEWAL\*\*  
\*\*LICENSES WILL NOT BE PRORATED\*\***