



**State of Maine
Department of Professional & Financial Regulation
Office of Professional & Occupational Regulation**

INDIVIDUAL EXAMINATION APPLICATION

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional & Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

**ELECTRICIANS EXAMINING BOARD
EXAMINATION APPLICATION
Required Fee: \$25.00**

EXAMINATION TYPE:

- Master Journeyman Limited

If Limited, Please check what type of Limited Examination:

- | | |
|--|--|
| <input type="checkbox"/> Water Pumps | <input type="checkbox"/> Outdoor Signs (including sign lighting) |
| <input type="checkbox"/> Gasoline Dispensing | <input type="checkbox"/> House Wiring |
| <input type="checkbox"/> Refrigeration | <input type="checkbox"/> Low Energy |
| <input type="checkbox"/> Crane Technician | <input type="checkbox"/> Traffic Signals (including outdoor lighting of traffic signals) |

<small>Office Use Only:</small>
Check # _____
Amount: _____
Cash # _____
Lic. # _____
1446- \$25.00

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print)		
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my () VISA () MASTERCARD the following amount: \$ _____		
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date <i>mm / yyyy</i>
check here ()	I understand that fees are non-refundable	
SIGNATURE	DATE	

Do you or have you ever held any type of electrician's license in the State of Maine?

Yes No If so, what type of license _____, dates _____.

Is it still current? Yes No

Do you or have you ever held any type of electrician's license in any other State?

Yes No If so, what type of license _____, dates _____.

Is it still current? Yes No

TRAINING AND EDUCATION

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

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.

PRESENT OR LAST EMPLOYER:	From: ____ / ____ / ____ To: ____ / ____ / ____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	Names of Other Electricians Employed With You:
SUPERVISOR'S NAME & TITLE:	
DETAIL OR WORK PERFORMED:	

PREVIOUS EMPLOYER:	From: ____ / ____ / ____ To: ____ / ____ / ____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	Names of Other Electricians Employed With You:
SUPERVISOR'S NAME & TITLE:	
DETAIL OR WORK PERFORMED:	

PREVIOUS EMPLOYER:	From: ____ / ____ / ____ To: ____ / ____ / ____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	Names of Other Electricians Employed With You:
SUPERVISOR'S NAME & TITLE:	
DETAIL OR WORK PERFORMED:	

PREVIOUS EMPLOYER:	From: ____ / ____ / ____ To: ____ / ____ / ____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	Names of Other Electricians Employed With You:
SUPERVISOR'S NAME & TITLE:	
DETAIL OR WORK PERFORMED:	

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

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Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. You're application will show up as PENDING at first. If you are approved to sit for the examination the status on the website will show up as APPROVED TO TAKE THE EXAM. **Once you are approved to sit for the exam you will receive a letter from us giving instructions on registering to take the examination.**

NOTICES

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). 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 MRSA §191.

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Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) *or* credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.