



State of Maine

ELECTRICIANS' EXAMINING BOARD

The information in this application packet is to assist you in completing your application. It is recommended that you review applicable laws and rules for further guidance.

RECIPROCITY LICENSE APPLICATION INSTRUCTIONS FOR:

JOURNEYMAN ELECTRICIAN MASTER ELECTRICIAN

for individuals with a current Journeyman or Master electrician license who are reciprocating from a state with a formal reciprocity agreement with the State of Maine Electricians' Examining Board

**Do not return the informational pages with your application;
they are for your information only. Return the license
application and documents listed on the checklist only**

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345
Office Direct Line (207) 624-8457
TTY users call Maine relay 711

Web address: <https://www.maine.gov/pfr/professionallicensing/professions/electricians/index.html>
Email: electrician.board@maine.gov

Revised 01/2020

GENERAL INSTRUCTIONS AND INFORMATION

10 DAY NOTIFICATION REQUIREMENTS:

Pursuant to 10 M.R.S §8003-G, any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to The Electricians' Examining Board within 10 days.

IMPORTANT INFORMATION REGARDING LICENSE DELIVERY:

The Electricians' Examining Board does not print licenses. Your license will be sent to you at the email address you provide to us on your application. The license will arrive from email sender address: noreply@maine.gov. The attachment with this email is your license where you may open it and print your license. If you do not locate your license in your inbox, please check your junk/spam folders for this email. Please either save our email address (noreply@maine.gov) in your contacts or as a safe sender to prevent your license from being directed to your junk/spam folders.

LICENSE RENEWAL INFORMATION:

Approximately sixty (60) days prior to the expiration of your license a courtesy renewal reminder will be sent to you by email. It is important that you maintain a current email on file, or you risk not being able to receive the renewal reminder. You do not need to wait for a renewal reminder to renew your license. The online renewal opens sixty days prior to the license expiring and you may renew online. Failure to receive a courtesy renewal reminder notice does not impact your responsibility to renew your license in a timely manner.

MAINE ELECTRICIANS' EXAMINING BOARD LAWS AND RULES:

The Electricians' Examining Board cannot provide you with a hard copy of laws and rules. However, all applicable laws and rules are available online, and may be accessed via the websites listed below. You are responsible for knowing and complying with all board laws and rules throughout your licensure. Please note, all laws and rules may be subject to change without notice and it is strongly advised to periodically check for updates.

Electricians' Examining Board Laws:

<https://www.maine.gov/pfr/professionallicensing/professions/electricians/pdf/BoardLaws.pdf>

Electricians' Examining Board Rules:

<https://www.maine.gov/pfr/professionallicensing/professions/electricians/pdf/Boardrules.pdf>

Title 5, Chapter 375: Maine Administrative Procedure Act:

<https://legislature.maine.gov/legis/statutes/5/title5ch375sec0.html>

Title 10, Chapter 901: Department of Professional and Financial Regulation:

<http://legislature.maine.gov/statutes/10/title10ch901sec0.html>

APPLICATION PROCESSING TIME:

Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are included. To ensure that The Electricians' Examining Board received your application please visit our website at

<https://www.pfr.maine.gov/almsonline/almquery/welcome.aspx?board=4220>. After your application has been received your name will appear when you complete a "licensee search" on your name as you entered it on your application. The status will appear as "Pending." This is not an actual license approval at this point; it is simply a verification that an application has been received and is in the queue for review. When a license is issued the status will change from pending to active.

Please refrain from calling our office to "check" on your application as these calls only serve to slow our ability to review and process applications.

RECIPROCITY LICENSE APPLICATION INSTRUCTIONS AND CHECKLIST

The Maine Electricians' Examining Board shall issue a reciprocity license to an individual who files an application, who is licensed from the state in which they plan on reciprocating from who can sufficiently demonstrate that they have been actively engaged in work as a licensed electrician for the minimum number of hours and is licensed by another State **that has a reciprocity agreement with the State of Maine.**

The Maine Electricians' Examining Board currently has reciprocity as follows:

JOURNEYMAN ELECTRICIAN: New Hampshire
Vermont
North Dakota
Idaho
Oregon
Wyoming

MASTER ELECTRICIAN: New Hampshire
Vermont

IMPORTANT NOTICE: Incomplete applications will not be considered. Pursuant to Maine Electricians' Examining Board Rules Chapter 130 § 1(D)(2) – Incomplete or Illegible Applications “Incomplete or illegible applications will be returned to the applicant together with any attachments.”

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO THE ELECTRICIANS' EXAMINING BOARD FOR LICENSURE CONSIDERATION:

JOURNEYMAN ELECTRICIAN

- License application** - completed, signed and dated; and
- Application fee** - make checks payable to “Maine State Treasurer” or if you are paying by debit/credit card please complete the bottom “Payment Options” portion of the license application completely and legibly; and
- License Verification** - you must submit evidence of current licensure as a Journeyman electrician from the State of licensure in the form of license verification. At a minimum, the license verification must include: (1) License number; (2) Initial date of issuance; (3) Expiration date; (4) Current license status. You may obtain an electronically produced license verification directly from the reciprocating State's Board website. For electronic license verifications please be sure that it contains the web address and date the license verification was printed, and any indication of disciplinary history; and

- Affidavit(s)** demonstrating at least 8,000 hours in the field of electrical installations as an electrician.

MASTER ELECTRICIAN

- License application** – completed, signed and dated; and
- Application fee** - make checks payable to “Maine State Treasurer” or if you are paying by debit/credit card please complete the bottom “Payment Options” portion of the license application completely and legibly; and
- License Verification** - you must submit evidence of current licensure as a Master electrician from the State of licensure in the form of license verification. At a minimum, the license verification must include: (1) License number; (2) Initial date of issuance; (3) Expiration date; (4) Current license status. You may obtain an electronically produced license verification directly from the reciprocating State’s Board website. For electronic license verifications please be sure that it contains the web address and date the license verification was printed, and any indication of disciplinary history; and
- Affidavit(s)** demonstrating at least 12,000 hours in the field of electrical installations as an electrician.

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.
- **Can I come to Gardiner to pick up my license?** No. Your license will be emailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your application for license will show up as PENDING at first; as soon as your license is issued the status will change to ACTIVE and you are authorized to practice.
- **What States does Maine reciprocate with?** The State of Maine presently has reciprocity agreements with New Hampshire and Vermont at the Master and New Hampshire and Vermont, North Dakota, Idaho, Oregon and Wyoming at the Journeyman level.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional & Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

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.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the disclosure question
- 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, if applicable
- Make a copy of your application to keep for your records

- DO NOT SEND CASH.



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

INDIVIDUAL LICENSE 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 | |
| PHONE # () | E-MAIL (<i>Licenses are emailed</i>): | | |
| CRIMINAL BACKGROUND DISCLOSURE | | | |
| <i>NOTE: Failure to disclose discipline may result in denial, fines, suspension and/or revocation of a license.</i> | | | |
| Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) | | | |
| NO | | YES | |
| <i>If yes, enclose a detailed explanation and copies of all documents.</i> | | | |
| 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 RECIPROCITY LICENSE APPLICATION | |
| Required Fee: \$171.00 (Includes criminal records check fee) | |
| <input type="checkbox"/> Master (MS) <input type="checkbox"/> Journeyman (JY) | |
| Office Use Only: 1421 - \$150.00 2619 - \$21.00 | |
| Check # _____ Amount: _____ Cash # _____ Lic. # _____ | |

| | |
|---|----------------------------------|
| PAYMENT OPTIONS: | |
| Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, 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 () AMERICAN EXPRESS () DISCOVER 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 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 _____

Other _____

STATE OF MAINE
 MAINE ELECTRICIANS' EXAMINING BOARD
 35 STATE HOUSE STATION
 AUGUSTA, ME 04333-0035
 TELEPHONE: (207) 624-8457
 EMAIL: electrician.board@maine.gov

AFFIDAVIT ATTESTING TO WORK EXPERIENCE OF ELECTRICIAN

Name of Applicant:

THIS SECTION TO BE COMPLETED BY THE SUPERVISING ELECTRICIAN

Supervising Electrician's Name:

Supervising Electrician's License Number & State of Licensure:

Supervising Electrician's Email Address:

Supervising Electrician's Mailing Address:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

MAINE LICENSED ELECTRICAL WORK EXPERIENCE
Dates and times accumulated both must be listed or Affidavit will be returned.

| | |
|---|---|
| <input type="checkbox"/> HELPER ELECTRICIAN | <input type="checkbox"/> APPRENTICE ELECTRICIAN |
| <input type="checkbox"/> JOURNEYMAN ELECTRICIAN | <input type="checkbox"/> LIMITED ELECTRICIAN |

| | |
|---------------------------|-------------------------|
| From: (Month/Day/Year) | To: (Month/Day/Year) |
|---------------------------|-------------------------|

And worked _____ hours in the field of electrical installations.

| | |
|---|---|
| <input type="checkbox"/> HELPER ELECTRICIAN | <input type="checkbox"/> APPRENTICE ELECTRICIAN |
| <input type="checkbox"/> JOURNEYMAN ELECTRICIAN | <input type="checkbox"/> LIMITED ELECTRICIAN |

| | |
|---------------------------|-------------------------|
| From: (Month/Day/Year) | To: (Month/Day/Year) |
|---------------------------|-------------------------|

And worked _____ hours in the field of electrical installations.

I attest to the electrical work experience and work hours completed by the above-named licensee while under my employment or supervision. I understand that falsification of this Affidavit could result in investigation of my Electrician license and may result in sanctions.

| | |
|--|------|
| Signature of Supervising/Employing Electrician | Date |
|--|------|

NON-RESIDENT/OUT-OF-STATE ELECTRICAL WORK EXPERIENCE
Dates and times accumulated both must be listed or Affidavit will be returned.

HELPER ELECTRICIAN APPRENTICE ELECTRICIAN
 JOURNEYMAN ELECTRICIAN LIMITED ELECTRICIAN

From: _____ To: _____
(Month/Day/Year) (Month/Day/Year)

And worked _____ hours in the field of electrical installations.

I attest to the electrical work experience and work hours completed by the above-named licensee while under my employment or supervision.

Signature of Supervising/Employing Electrician Date

NON-RESIDENT EXPERIENCE - SELF EMPLOYED MASTER ELECTRICIAN
(SELF-EMPLOYED AS A MASTER FOR AT LEAST THE PAST SIX YEARS)

This section is to be completed by community leaders who have knowledge of the applicant's work experience in the field of electrical installations (e.g., local electrical inspector, code enforcement officer, etc.) **THREE separate community leaders must complete this section**

1st Community Leader Name:

Community Leader's Email Address:

Community Leader's Mailing Address:

City: _____ State: _____ Zip Code: _____

I do hereby acknowledge that I have first-hand knowledge of the above-referenced applicant's work experience in the field of electrical installations as a **Master** electrician in my community:

From Date: _____ Through: _____
(Month/Day/Year) (Month/Day/Year)

Signature: _____ Date: _____

2nd Community Leader Name:

Community Leader's Email Address:

Community Leader's Mailing Address:

City: _____ State: _____ Zip Code: _____

I do hereby acknowledge that I have first-hand knowledge of the above-referenced applicant's work experience in the field of electrical installations as a **Master** electrician in my community:

| | |
|--------------------------------|------------------------------|
| From Date: (Month/Day/Year) | Through: (Month/Day/Year) |
|--------------------------------|------------------------------|

| | |
|-------------------|--------------|
| Signature: | Date: |
|-------------------|--------------|

| |
|-----------------------------------|
| 3rd Community Leader Name: |
|-----------------------------------|

| |
|-----------------------------------|
| Community Leader's Email Address: |
|-----------------------------------|

| |
|-------------------------------------|
| Community Leader's Mailing Address: |
|-------------------------------------|

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| |
|---|
| I do hereby acknowledge that I have first-hand knowledge of the above-referenced applicant's work experience in the field of electrical installations as a Master electrician in my community: |
|---|

| | |
|--------------------------------|------------------------------|
| From Date: (Month/Day/Year) | Through: (Month/Day/Year) |
|--------------------------------|------------------------------|

| | |
|-------------------|--------------|
| Signature: | Date: |
|-------------------|--------------|