

APPLICATION FOR ELECTRICIANS' LICENSE
ALL CLASSIFICATIONS
Per No. 42, Acts of 1972

Mail to: ELECTRICIANS' LICENSING BOARD
DEPT OF PUBLIC SAFETY, DIVISION OF FIRE SAFETY
1311 U.S. ROUTE 302 – BERLIN
SUITE 600
BARRE, VT 05641-2351

Phone No. (802) 479-7564

DO NOT WRITE IN THIS SPACE

Check/M.O. #:	_____
Amount of Check/M.O. #:	_____
Journey Lic. #	_____
Master Lic.#:	_____
Specialty Lic.#:	_____

This application form must be filled out correctly, completely and legibly or it will be returned. ANSWERS MUST BE IN INK!!.

I. GENERAL INFORMATION

A. Name _____ Social Security No. _____
(First) (Middle Ini.) (Last)

B. Mailing Address: _____
(Street or P.O. Box #) (Town or City) (State) (Zip)

C. Date and Place of Birth: _____ Sex _____ Telephone #: _____

D. Present Employer: _____ From: _____
(If self-employed, so indicate)
Address: _____ To: _____
(Telephone #)

E. Nature of Employer's Business _____
(If self-employed, explain your business operations)

F. Your Duties as an Employee or Self-Employed person _____

G. Former Employer _____ From _____
Address: _____ To _____
(Telephone #)

H. Nature of Employer's Business _____

I. Your Duties As Employee: _____

J. Type of License Apply for (Master, Journeyman, or Type-S Journeyman) _____

If applying for Type-S Journeyman, please indicate category applying for: _____
If applying for Master, please indicate Vermont Journeyman license number: _____

K. Were you a registered Apprentice? _____ Where? _____

L. Did you receive a Completion of Certificate of Apprenticeship? **IF YES, PLES AE ENCLOSE A COPY.**

2. EDUCATION

	Name and Location of School	Dates Attended-Diploma?
High School	_____	_____
College	_____	_____
Other (Specify)	_____	_____

3. REFERENCE AS TO QUALIFICATIONS

Applicant will give the name and address of not fewer than three persons, unrelated to applicant, having knowledge of the applicants electrical background. (Signatures of references not required.)

NAME	ADDRESS	TELEPHONE NUMBER

4. DETAILED STATEMENT OF EXPERIENCE

DATES	Give detailed account of experience in electrical construction and installation giving dates, employer and your duties

5. AFFIDAVIT, STATE OF _____, COUNTY OF _____ ss

_____ being duly sworn that he/she is the person who respect and that he/she has has complied with all requirements of the law.

(Signature of Applicant)

Sworn to before me this _____ day of _____, _____

*(seal) s/ _____ * Notary seal necessary only for oaths taken outside of Vermont.
(Person Administering Oath)

6. APPLICATION FEE (3 YEAR LICENSE)

Certified checks, postal money orders, or express money orders payable to the Vermont Electricians' Licensing Board.
Master Electricians License Fee\$120.00
Journeyman Electricians License Fee\$90.00
Type-S Journeyman Electricians License Fee\$90.00 per field

7. EXAMINATION

Applications will be considered by the Board, and if found acceptable, applicant will be notified as to the time and place of examination.

VERMONT ELECTRICIANS' LICENSING BOARD

APPLICANT NAME: _____ DATE: _____

ADDRESS: _____ TELEPHONE: _____

CITY OR TOWN: _____ STATE: _____ ZIP CODE: _____

This affidavit verifies my employment status from _____ to _____ for the purpose of qualifying for:

Master _____ Journeyman _____ Type-S Journeyman _____

Electrical Examination

EMPLOYER AFFIDAVIT OF EXPERIENCE

"I hereby subscribe to and vouch for the statement made by _____ (applicant) on her/his application for consideration for the marked request. I have employed this applicant in the capacity of _____ and the employment amounted to a total accumulated time of _____ hours.

Such employment consisted of installation of: _____

SIGNED: _____ MASTER LICENSE NO: _____

COMPANY NAME: _____ POSITION: _____

ADDRESS: _____ TEL. NO.: _____

_____ ZIP CODE: _____

(This page may be reproduced if additional forms are needed.)

*****NOTE: THIS MUST BE FILLED OUT BY EACH EMPLOYER*****

VERMONT Department of Public Safety – Division of Fire Safety

License Questions - 1311 US Route 302, Suite 200, Barre, VT 05641-2351 [(802) 479-7564]
Certification Questions – 100 Mineral Street, Suite 307, Springfield, VT 05156 [(802) 885-8883]

**Applicant's Statement Regarding:
Child Support, Taxes, Unemployment Compensation, Fines & Penalties**

Child Support [15 V.S.A. § 795] - You must check one of the statements below regarding child support: As of this date:

- I do not have any children, OR
- I do not owe any child support, OR
- I do owe child support, but am under a plan with the Office of Child Support to pay all child support due

This certification is in regards to any children residing in Vermont, and where the license/certificate holder is a resident of Vermont, to any children residing in any other state or territory of the United States. For assistance contact the Office of Child Support, 103 South Main Street, Waterbury, VT 05676 [(802) 241-2180]

Taxes [32 V.S.A. § 3113] - You must check one of the statements below regarding taxes. As of this date:

- All tax returns have been filed. I do not owe any taxes, OR
- I owe taxes but am under a plan with the Department of Taxes to pay all taxes due, or the tax payments are under appeal

To determine status of a payment plan or appeal, or for assistance, contact the Supervisor of Tax Collections [(802) 828-2804]

Unemployment Compensation [21 V.S.A. § 1378] - You must check one of the statements below regarding unemployment contributions or payments in lieu of unemployment contributions. As of this date:

- I am not now, nor have I ever been, an employer; OR
- I do not owe any unemployment compensation, OR
- I owe unemployment compensation but am under a plan with the Unemployment Division to pay any and all unemployment compensation due

To determine status of a payment plan, or for assistance, contact the Department of Labor [(802) 828-4344]

Fine or Penalty [4 V.S.A. § 1110] – You must check one of the statements below regarding a fine or penalty issued by the judicial bureau or district court. As of this date:

- I am not under any obligation to pay a fine or penalty due to any unpaid judgment issued by the judicial bureau or district court, OR
- I am under such an obligation and am in good standing with respect to the obligation because 60 days or fewer have elapsed since the date a judgment was issued, or due to a repayment plan approved by the judiciary

For assistance contact the Office of Court Administrator, 109 State Street, Montpelier, VT 05609-0701 [(802) 828-3278]

Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure/certification or renewal. (The maximum penalty for perjury is 15 years in prison and/or a \$10,000 fine. 13 VSA § 2901)

Signature of Applicant _____

Date _____