



CECIL COUNTY MARYLAND HVAC ELECTRICIAN EXAMINATION APPLICATION FORM

PLEASE PRINT CLEARLY AND LEGIBLY. APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR NOT ACCOMPANIED BY THE PROPER FEE AND OTHER REQUIRED FORMS WILL BE RETURNED TO YOU UNPROCESSED.

1.) NAME:
LAST NAME (JR., III, ETC.)

FIRST MIDDLE NAME (IF none, enter NMN)

2.) MAILING ADDRESS:
NUMBER, STREET

CITY STATE ZIP CODE

COUNTY

3.) TELEPHONE: HOME WORK/CELL

5.) BIRTH DATE/BIRTH PLACE:
M M D D Y Y CITY STATE

6.) HAVE YOU EVER TAKEN THE HVAC EXAM IN CECIL COUNTY? YES NO IF YES PLEASE PROVIDE MOST RECENT DATE _____
HAVE YOU EVER TAKEN THE HVAC EXAM IN ANOTHER MARYLAND COUNTY YES NO IF YES WHAT BOARD _____ WHEN _____
HAVE YOU EVER HAD AN APPLICATION DENIED BY ANOTHER MARYLAND BOARD? YES NO IF YES, WHERE AND WHY EXPLAIN IN WRITING

7.) CURRENT OR PRIOR LICENSE (S) DO YOU NOW OR HAVE YOU EVER HELD A HVAC ELECTRICIAN LICENSE? YES NO
IF YES, PROVIDE DATE OF WHEN LICENSE WAS ISSUED, WHERE LICENSE WAS HELD, AND LICENSE NUMBER

DATE OF LICENSE STATE/COUNTY OF LICENSE CURRENT/FORMER LICENSE NUMBER

8.) FEE: \$100.00 PAYABLE TO: **CECIL COUNTY**
APPLICATION FEE IS NOT REFUNDABLE OR TRANSFERABLE.

9.) EMPLOYMENT/WORK HISTORY VERIFICATION FORMS MUST BE COMPLETED AND RETURNED WITH THIS FORM. ONE FORM REQUIRED FOR EACH EMPLOYER. COPIES CAN BE MADE IF ADDITIONAL FORMS ARE NEEDED.

QUALIFICATIONS REQUIRED

- 1.) 3 YEARS FULL TIME EXPERIENCE WORKING UNDER A LICENSED HVAC ELECTRICIAN OR A LICENSED MASTER ELECTRICIAN.
- 2.) THE BOARD MAY ALLOW AN APPLICANT UP TO 6 MONTHS FOR AN APPRENTICESHIP PROGRAM WHICH IS APPROVED BY THE MARYLAND APPRENTICESHIP TRAINING COUNCIL. UP TO 2 YEARS FOR A BACHELOR'S DEGREE, UP TO 3 YEARS FOR A MASTERS DEGREE (PE)
- 3.) AN ORIGINAL FORM OF CERTIFICATION OF EXPERIENCE AND EVIDENCE OF ANY FORMAL COURSE OF STUDY MUST BE FURNISHED BY THE APPLICANT WITH THE REGISTRATION FOR EXAMINATION

10.) EDUCATION - SUPPLY EVIDENCE OF ANY SPECIAL STUDY, APPRENTICESHIP PROGRAM, NIGHT SCHOOL COURSES ETC. IN THE ELECTRICAL TRADE.

11.) PHOTO IDENTIFICATION - CAN BE A CLEAR COPY OF YOUR DRIVER'S LICENSE.

12.) **MAIL ALL INFORMATION AND FEE TO:**
CECIL COUNTY BOARD OF ELECTRICAL EXAMINERS, DEPT. OF PERMITS & INSPECTIONS
200 CHESAPEAKE BLVD., ELKTON, MD 21921

13.) REGISTRATION:
APPLICATION MUST BE RECEIVED 30 DAYS PRIOR TO THE TEST DATE. THIS BOARD WILL CONFIRM YOUR ELIGIBILITY TO TAKE THE EXAMINATION BY MAIL. APPROVED OR DENIED WRITTEN NOTICE WILL BE SENT TO YOU WITH EXPLANATION.
EXAMS ARE GIVEN IN THE MONTHS OF MARCH AND SEPTEMBER (SUBJECT TO CHANGE)

14.) AFFIDAVIT/SIGNATURE
I hereby certify that the information provided on this application and in the attached verification form(s) is true and correct and the Cecil County Board of Electrical Examiners may rely on its truthfulness in considering this application, and that this application is signed and sworn to under penalty of perjury.

Applicant Sign Here _____ Date Signed _____



RETURN COMPLETED FORM TO
CECIL COUNTY BOARD OF ELECTRICAL EXAMINERS
200 CHESAPEAKE BLVD., SUITE 2200
ELKTON, MARYLAND, 21921
410-996-8485 OR 410-996-5235
email: DLUDS@ccgov.org

*Additional copies of form can be made
if needed or printed from our website*

VERIFICATION OF EMPLOYMENT FORM HVAC TEST APPLICANT

TO BE COMPLETED BY APPLICANT:

APPLICANTS NAME:
LAST NAME. INCLUDE JR., III, ETC. IF APPLICABLE FIRST NAME Middle Name (If None enter NMN)

HOME ADDRESS:
NUMBER/STREET CITY STATE ZIP CODE

EMPLOYER (COMPANY'S NAME):

EMPLOYERS ADDRESS:
NUMBER/STREET CITY STATE ZIP CODE

THIS SECTION TO BE COMPLETED BY THE LICENSED ELECTRICIAN
PLEASE PRINT
ONE FORM FOR EACH EMPLOYER

THE ABOVE INDIVIDUAL WOULD LIKE TO APPLY TO TAKE THE MARYLAND LIMITED HVAC ELECTRICIANS EXAMINATION IN CECIL COUNTY.
 FOR THIS INDIVIDUAL TO BE CONSIDERED THE FOLLOWING INFORMATION IS NEEDED. THIS PORTION OF THE FORM MUST BE
 COMPLETED AND SIGNED BY THE LICENSED MASTER OR HVAC ELECTRICIAN OF THE COMPANY IN WHICH HE/SHE WAS EMPLOYED.
 EMPLOYMENT DATES - MONTH /DAY/YEAR

APPRENTICE FROM: _____ To: _____
 TOTAL HOURS WORKED: _____
 DUTIES: _____

JOURNEYMAN FROM: _____ To: _____
 TOTAL HOURS WORKED _____
 TITLE/DUTIES: _____

ADDITIONAL FROM: _____ To: _____
 TOTAL HOURS WORKED _____
 TITLE/DUTIES: _____

LICENSED ELECTRICIAN -
 FULL NAME AS APPEARS ON LICENSE:
 STATE/COUNTY WHERE HOLD LICENSE:
 LICENSE NUMBER: TYPE OF LICENSE:
 DATE LICENSE ORIGINALLY ISSUED: LICENSE EXPIRES:

INCLUDE COPY OF MASTER/HVAC ELECTRICAL LICENSE

I Hereby Certify Under Penalty or Perjury that the Information contained herein is true and correct.

Signature of Master: _____ **Print Name:** _____ **Date:** _____