

Westchester County Department of Consumer Protection Westchester County Electrical Licensing Board 148 Martine Avenue, Room 407 White Plains, NY 10601 (p) 914-995-2155 (f) 914-995-3115 www.consumer.westchestergov.com

MASTER/SPECIAL ELECTRICIAN EXAM APPLICATION

	<u>Master Electrician</u> ()	Special Electrician ()
Applicant Name:			Date of Birth:
Home Street Address:			Apartment/Suite#:
City:		_State:	Zip:
Home Phone:	Cell Phone:		Fax:
Email:			Contact Preference: Mail () Email (
Height:	Weight:	_ Eye Color:	Hair Color:
Name of Present Employer			License #
Have you ever been approv	ved to take this exam before?	:Yes()	No () When?
Have you ever been license	d by this department before?	:Yes()	No () When/License #?

Before you sign, review the back of this form for further instructions

I certify that the information on this form and all supporting documents are true and accurate. I understand that any incomplete, inaccurate or false information may cause my application to be delayed or denied and my application <u>will not</u> be accepted by this office until such time as any and all deficiencies have been corrected.

APPLICANT SIGNATURE	PRINT APPLICANT NAME	DATE
Subscribed and sworn to me this	Day of, 20)
In the State of	County of	
Signature of Notary Public	Affix Seal:	



Westchester County Department of Consumer Protection Westchester County Electrical Licensing Board 148 Martine Avenue, Room 407 White Plains, NY 10601 (p) 914-995-2155 (f) 914-995-3115 www.consumer.westchestergov.com

Required Documentation and Guidelines for Electrical Exam Applicants

- 1. Each applicant must be able to document seven and one-half (7 ½) years of experience in accordance with the Westchester County Electrical Licensing Law and the Rules and Regulations of the Licensing Board.
- 2. Examples of proof seven and one-half (7 ½) years of <u>full-time</u> experience in order to qualify to take the Electrical License Examination are, but not limited to, any of the following: *(A) W-2 Forms *(B) Social Security Records (<u>http://www.socialsecurity.gov/forms/ssa-7050.html</u>) *(C) Business Tax Returns showing profit and loss (if self-employed) (D) Notarized Business Records (E) Notarized Statements of hours worked from Benefit Funds on fund letterhead (F) 1040 Forms (G)Notarized statements and letters from employers on company letterhead (H) <u>Certified</u> copies of licenses held. (I) Notarized letter(s) from one or more licensed electricians, on company letterhead, confirming that the applicant was employed in the capacity of journeyman electrician and the number of years the applicant was so employed.

*Item A, B or C must be submitted with each application.

You must include the name, license number and licensing jurisdiction or agency of the license holder for all previous and current employers shown on your documents that you are claiming experience from.

- **3.** Completed, signed and notarized employment verification form(s) from all employers that you are claiming experience from. (In addition to item #2)
- **4.** Submit a copy of one (1) form of photo identification. (ex: driver's license, non-driver ID or passport)
- 5. \$50.00 Application fee payable to: "Westchester County General Fund". Approved payment methods are: check, money order or credit card (use credit card payment authorization form). <u>Cash payments will</u> <u>not be accepted.</u>



Westchester County Department of Consumer Protection Westchester County Electrical Licensing Board 148 Martine Avenue, Room 407 White Plains, NY 10601 (p) 914-995-2155 (f) 914-995-3115 www.consumer.westchestergov.com

EMPLOYMENT VERIFICATION FORM-MASTER AND SPECIAL ELECTRICIAN

Exam Applicant: A completed, signed and notarized <u>original</u> copy of this form must submitted with your application for <u>each employer</u> that you are using as proof of experience in order to qualify for the Westchester County Master Electrician examination.

The following information is to be completed by the company owner or license holder:

Applicant/Employee Name:	Dates of Employment:				
Company Name or Name of Employer:					
Business Address:					
Business Phone Number:	License Holder Name:				
License Number(s) and Jurisdiction (s):					

I, ________ hereby certify, under penalty of perjury, that ________ is or has been duly employed <u>on a full time basis</u> by the above named entity under the direct supervision of a licensed Master Electrician working on the installing, erecting, extending, altering, or repairing of electrical wiring, apparatus, fixtures, devices, appliances and equipment utilized or designed for the utilization of electricity for light, heat, cooling, power purposes or for signaling systems. I agree to submit additional documentation, if requested, to the licensing board to verify the above information.

SIGNATURE OF LICENSED MASTER ELECTRICIAN	PRINT NAME	DATE
Subscribed and sworn to me this	Day of	, 20
In the State of	County of	
	Affix Seal:	