



Westchester County Department of Consumer Protection  
Westchester County Electrical Licensing Board  
148 Martine Avenue, Room 407  
White Plains, NY 10601  
(p) 914-995-2657  
consumer.westchestergov.com

## **MASTER/SPECIAL ELECTRICIAN EXAM APPLICATION**

Which Exam Are You Applying For:    Master Electrician (   )            Special Electrician (   )

Applicant Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ Apartment/Suite#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone (If different from cell phone): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Name of Present Employer: \_\_\_\_\_ License # \_\_\_\_\_

Have you ever been approved to take this exam before? : Yes (   )    No (   )    When? \_\_\_\_\_

Have you ever been licensed by this department before? : Yes (   )    No (   )    When/Lic. #? \_\_\_\_\_

**This is a two-sided document. Review the second page of this form for additional 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 will not 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:



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## **REQUIRED DOCUMENTATION AND GUIDELINES FOR ELECTRICAL EXAM APPLICANTS**

Each applicant must 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.

### **ALL APPLICANTS SHALL INCLUDE THE FOLLOWING ITEMS WITH THEIR APPLICATION:**

1. Proof of employment shall, as a minimum requirement, consist of one (1) of the following documents: **(A)** Detailed Social Security Earnings Report <http://www.socialsecurity.gov/forms/ssa-7050.html> **or (B)** Federal W-2 Forms showing the applicants name, the employer's name and the reported income from each employer **or (C)** Federal Schedule C or K-1 forms showing proof of business ownership if the applicant is self-employed and cannot produce either item **A** or **B**. **All documents must include the full business name of the license holder (including yourself if self-employed) for all previous and current employers.**
2. A completed, signed and notarized employment verification form from all previous and current employers (including yourself if self-employed) that you are claiming experience from. (In addition to item #1)
3. Letters of good standing and/or verification from any jurisdictions outside of Westchester County where licenses are held by the applicant and/or his or her previous or current employer. All letters must indicate the original issue date of each license.
4. 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). **Cash payments will not be accepted.**
6. Applications will be reviewed by the licensing board in the order that they are received. Upon approval for testing, applicants will be notified via email of the next available examination date.
7. Please mail all completed applications to: **Westchester County Department of Consumer Protection 148 Martine Avenue Room 407 White Plains, NY 10601.**
8. If you have any questions regarding this application, please contact the Trades Licensing Division at 914-995-2657 or via email at [cp-trades@westchestercountyny.gov](mailto:cp-trades@westchestercountyny.gov)



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## **EMPLOYMENT VERIFICATION FORM-MASTER AND SPECIAL ELECTRICIAN**

**Company Owner/License Holder:** The following applicant is applying to take the Westchester County Master Electrician examination and has indicated that they have worked under your direct supervision during their time of employment. Each applicant is required to submit an original signed and notarized copy of this form with their application for all employers that they are using as proof of experience.

### **THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE COMPANY OWNER OR LICENSE HOLDER**

Applicant/Employee Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

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 on a full time basis 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 and that refusal to sign this document may result in further action by the licensing board.

\_\_\_\_\_  
SIGNATURE OF LICENSED MASTER ELECTRICIAN

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

Subscribed and sworn to me this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

In the State of \_\_\_\_\_ County of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public Affix Seal: