

DAVID R. CRAIG
HARFORD COUNTY EXECUTIVE



LORRAINE COSTELLO
DIRECTOR OF ADMINISTRATION



RICHARD D. LYNCH
DIRECTOR, DEPARTMENT OF INSPECTIONS,
LICENSES & PERMITS

MILFORD L. BADDERS
CHIEF, ELECTRICAL SERVICES DIVISION

HARFORD COUNTY GOVERNMENT

**HARFORD COUNTY ELECTRICAL BOARD
APPLICATION FOR ELECTRICIAN'S EXAMINATION**

ACCORDING TO THE HARFORD COUNTY CODE, I HEREBY MAKE APPLICATION FOR A _____ EXAMINATION. EXAMINATION FEE \$30.00.

NOTE – THE FOLLOWING MUST BE ANSWERED IN THE HANDWRITING OF THE APPLICANT. ACCURATE ANSWERS TO THE FOLLOWING QUESTIONS ARE NECESSARY TO COMPLETE THIS APPLICATION.

1. Name: _____ Telephone: _____
2. Address: _____
3. Have you ever filed a Harford County application before? _____
4. Date of Birth: _____
5. If you have been examined, how many times? _____
6. Name and described courses that you have taken and feel that it would apply to your practical experience. _____

7. List in the tubular form all employment you have had in the Electrical industry, from present back to your first employment. Each employment must be documented separately **USING THE FORM ON THE REVERSE OF THIS PAGE AND THE FORMAT IN THE EXAMPLE:(THIS FORM CAN BE COPIED FOR MORE THAN ONE EMPLOYER)**

APPLICANTS SIGNATURE: _____
DATE: _____

STATE OF MARYLAND, HARFORD COUNTY, TO WIT:
I HEREBY CERTIFY, THAT ON THIS _____ DAY OF _____ 20_____
BEFORE ME, THE SUBSCRIBER, A NOTARY PUBLIC IN _____
PERSONALLY APPEARED _____ AND MADE OATH IN DUE FORM OF LAW THAT
THE FACTS SET FORTH IN THE FOREGOING _____
APPLICATION FOR EXAMINATION ARE TRUE AND BONA FIDE TO THE BEST OF THEIR KNOWLEDGE
AND BELIEF.

NOTARY PUBLIC _____
MY COMMISSION EXPIRES: _____

I, _____ Representing _____
Company, verify by my signature that _____ worked
under my supervision as an employee of the above company in the time period specified below.

YEAR WORKED	NUMBER OF MONTHS WORKED

SIGNATURE: _____
MASTER LICENSE NUMBER: _____
LICENSE LOCATION: _____

I, _____ Representing _____
Company, verify by my signature that _____ worked
under my supervision as an employee of the above company in the time period specified below.

YEAR WORKED	NUMBER OF MONTHS WORKED

SIGNATURE: _____
MASTER LICENSE NUMBER: _____
LICENSE LOCATION: _____

I, _____ Representing _____
Company, verify by my signature that _____ worked
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