

MASTER ELECTRICIAN LICENSE INSTRUCTIONS

Complete application for Master Electrician’s License and return with a copy of your active Maryland Statewide License, a copy of your certificate of insurance, a copy of your valid State of Maryland photo ID, and a check for \$75.00 made payable to Director of Finance. **Fill out and sign the bottom portion of this form next to Signature of Representative.**

Baltimore City’s electrical licensing period is January 1st through December 31st. All licenses expire December 31st of each year. Renewal fee is \$75.00

For more information contact the Trades Licensing and Registration Office at:
Phone: 410-396-1976 Fax: 410-545-1807

The certificate holder on the insurance certificate should read as follows:
Department of Housing and Community Development
Board of Electrical Examiners and Supervisors of Baltimore City
417 E. Fayette Street, Room 100
Baltimore, Maryland 21202
Attn: Nicki Brown

.....
\$75.00

Department of Housing and Community Development
Board of Electrical Examiners and Supervisors of Baltimore City
417 E. Fayette Street, Room 100
Baltimore, MD 21202

Type: **Master**

NEW LICENSE

Name _____

Firm Address _____

Firm Represented _____

Telephone Number _____

License No. _____ Date _____

Signature of Representative _____

DO NOT WRITE IN THIS SPACE

RECEIVED _____

FEE \$ _____ ()CK () MO () C

ISSUED _____

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
BOARD OF ELECTRICAL EXAMINERS AND SUPERVISORS
417 E. FAYETTE STREET, ROOM 100
BALTIMORE, MARYLAND 21202
PHONE: 410-396-1976

Make check payable to Director or Finance

Effective July 1, 1983, Article 56 of the Annotated Code of Maryland provides that local boards shall issue a master electrician's license to an electrician holding an **active statewide license** without examination. Proof of general liability and property damage insurance obtained in compliance with Article 56 relieves the State license holder from furnishing a separate surety bond in favor of the Mayor and City Council of Baltimore.

1. Full Name _____
(First) (Middle) (Last)

2. Residence Address _____
(Street) (City)

(State) (Zip Code) (Telephone)

3. Statewide Master License No. _____ Expiration Date _____

4. Firm Represented _____
Address _____
(Street) (City)

(State) (Zip Code) (Telephone)

NOTE: This license is not transferable. Any change in representation must be made in a formal application for transfer.

Signature of Applicant _____ Date _____

dhcd.baltimorecity.gov