

**Instructions for Completion of Masters, Limited or Special Electrician
Application**

1. Complete Application – All questions must be answered (if not applicable denote, i.e., N/A)
2. See Note 8A* (required)
3. Sign and have notarized
4. Enclose (1) Photograph
5. Submit with \$30.00 processing fee made payable to:
Sullivan County Electrical Licensing Board

Submit all paperwork to:

Sullivan County Electrical Licensing Board
Sullivan County Government Center
P.O. Box 5012
100 North Street
Monticello, NY 12701
845-807-0512

3. Education: Grammar, High School, College, Trade School or other Technical Training

School Attended	Length of Attendance	Year Graduated	Degree

4. Are you self-employed: YES _____ NO _____ If no, name your present employer:

Name: _____ Address: _____

5. How long have you worked for your present employer or been in your current business: _____

6. Exactly what work do you do in your present position: _____

7. If your present employer is a firm or corporation, give the name and position of the person connected with the firm or corporation who is your immediate supervisor and to whom the Board may refer to for information concerning you. If you are a principal in your own business, please list all other principals or employees:

Name	Position

8. Give the name of every person, firm or corporation with whom you have been employed for the past five (5) years and state the nature of your employment in the electrical field.

Name of Employer	Address	Nature of Employment	Length of Employment

8A. Attach certification in writing by the employer or employees of such person of the performance of qualified work experience. Describe the work in detail.

9. When and where did you last apply for an electrical license: _____

Results of that application: _____

10. Give the name and address, as well as a description of the work of three (3) electrical installations performed by you in the last year.

	Name of Customer	Address	Type of Work	Value/Cost of Job	Contractor
1.					
2.					
3.					

11. Have you ever been convicted of a crime other than a traffic violation? YES _____ NO _____
If yes, please explain:

12. Give the name, address and occupation of two persons who are not related to you by blood or marriage to whom this Board may request information.

Name	Address	Occupation

13. How many years of apprenticeship did you serve in the trade: _____

14. How many years as a journeyman did you serve in the trade: _____

15. Have you had practical experience in the electrical field as a supervisor, foreman or superintendent: _____

Please describe: _____

How many men did you have under your supervision: _____

How many apprentices: _____

Did you have to train apprentices: _____

16. Are you a member of any trade organization or association: _____

Please List: _____

CERTIFICATE

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT. I WILL SAVE THE COUNTY OF SULLIVAN AND ITS OFFICIALS HARMLESS FROM ANY LIABILITY FOR INJURY OR DAMAGE TO PERSONS OR PROPERTY FOR THE ISSUANCE OF ANY LICENCES, PERMITS OR PRIVILAGES GRANTED.

Dated: ____/____/____

Signature of Applicant

STATE OF NEW YORK)
)ss.:
COUNTY OF

On the _____ day of _____ in the year _____, before me, the undersigned, Personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual executed the instrument.

Notary Public

For Office Use Only

The Sullivan County Board of Electrical Licensing hereby (grants) (denies) the license applied for in this application.

Reason for denial: _____

Date: ____/____/____

Chairman