

**Board of County
Commissioners**

Kenneth A. Kiler, President
Joseph A. Vigliotti, Vice President
Thomas S. Gordon III
Michael R. Guerin
Edward C. Rothstein



**Department of
Public Works**

Bryan Bokey, PE
Director
ccdpcw@carrollcountymd.gov
Phone: 410-386-2248
Fax: 410-876-2431

2025-2027 Electrical Registration Application

PLEASE PRINT ALL INFORMATION

Carroll County Registration #	MD State Lic.#	Expires:
-------------------------------	----------------	----------

Type of Registration: (Please check the appropriate box)

<input type="checkbox"/>	Master Electrician - *General	Inactive: <input type="checkbox"/>	Check if inactive
<input type="checkbox"/>	Master Electrician - Restricted - Category _____		
<input type="checkbox"/>	Master Electrician - Limited		

Full Name:

(First)	(Middle)	(Last)	(Sr., Jr., III, etc)
---------	----------	--------	----------------------

Company Name: *Must match State of Maryland for Master General Applicants

Mailing Address: *Must match State of Maryland for Master General Applicants

(Street Address and/or P.O. Box)	(Town)	(State)	(Zip)
----------------------------------	--------	---------	-------

Email Address:

Company Phone #:	Company Fax #:
-------------------------	-----------------------

Cell Phone #:	Home Phone #:
----------------------	----------------------

***Is this a new company name since your last Carroll County renewal or application?** _____
Please Note: Licensee can only sign permits for himself/herself or company, not both, in Carroll County; the licensee can only be self-employed or be employed by 1 electrical company, not both at the same time for the purpose of securing permits, whenever the licensee has at least 1 electrical permit outstanding in Carroll County.

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE LICENSEE.

I, _____, solemnly affirm under the penalties of perjury, that I will uphold the Carroll County Electrical Ordinance. I understand that I can not sign permits for more than one company or individual. I can not allow any unlicensed person (unless employed by my company and under my direct supervision) to do electrical wiring under the authority of my registration. I understand that I am responsible for having all permits under my registration finalized before the permit will be cleared from my registration. I understand that a violation of these requirements could result in suspension or revocation of my registration.

***Mechanic's Signature:** _____
IMPORTANT *MUST BE ORIGINAL SIGNATURE OF LICENSEE*

Mechanic's Printed Name: _____

For Office Use Only

Master General: \$70.00 **Limited:** \$70.00 **Restricted:** \$60.00 **Inactive:** 1/2 Fee
Make Checks Payable to Carroll County Commissioners

Date Rec'd _____ Amount Paid _____ Receipt # _____ Initials _____