APPLICATION FOR MASTER ELECTRICIAN CERTIFICATE OF COMPETENCY SHELBY COUNTY, ALABAMA

TYPE OR PRINT ONLY

TO: BOARD OF ELECTRICAL EXAMINERS DATE: / /

I, _____ _____ _____
LAST NAME FIRST NAME MI

_____ _____ _____ _____ (___) ____-_____
ADDRESS CITY ST ZIP HOME PHONE

_____ _____ _____ _____ (___)____-_____
BUSINESS ADDRESS CITY ST ZIP BUS. PHONE

_____/_____/_____ _____/_____/_____
BIRTHDATE SOCIAL SECURITY NUMBER

hereby make application to the Electrical Examining Board of Shelby County for a MASTER Electrician's Certificate of Competency in accordance with the provision of
_____ Section 109.7 or _____ Section 109.8 of the Shelby County Electrical Code.

EXAM ONLY
If Section 109.7 applies – complete the following:

A) Years of Journeyman Training _____ Journeyman Card No._____

B) Engineering Degree From _____

C) Equivalent Experience _____

_____

_____

Have you previously taken the MASTERS'S exam? ☐ YES ☐ NO If yes, when _____

RECIPROCITY
If Section 109.8 applies – complete the following:
Jurisdiction Issuing Card _____

Date of Issue _____/_____/_____ Certificate No. _____

Type of Test ☐ BLOCK ☐ OTHER _____

I certify that the above statements are true and correct to the best of my knowledge and understand that any misinformation or false statement made herein will void any examination or certificate issued me upon this application.
SIGNED _____ DATE _____/_____/_____

I do hereby authorize the Electrical Examining Board to investigate my qualifications for certification for MASTER Electrician. I FURTHER AUTHORIZE any and all of the individuals, firms, corporations, or other legal entities listed above to RELEASE to the Electrical Examining Board any and all information that the Board deems necessary for determining my qualifications for certification as a MASTER Electrician. This information is to be released only to the Electrical Examining Board and not to any other person.

SIGNED _____ DATE _____/_____/_____

DO NOT WRITE IN THIS BLOCK Application Information Verified By _____

EXAM ONLY
Approved Disapproved Test Score _____

RECIPROCITY
Approved Disapproved Card No. _____
REASON FOR DISAPPROVAL _____

_____

_____

_____

_____ DATE _____/_____/_____
CHAIRMAN