



**DIVISION OF PLANNING AND PERMITTING**  
**FREDERICK COUNTY, MARYLAND**  
*Department of Permits and Inspections*

30 NORTH MARKET STREET • FREDERICK, MARYLAND 21701  
PHONE (301) 600-2313 • FAX (301) 600-2309

September 10, 2025

To Whom It May Concern:

The Frederick County Electrical Board has designated the date of **Thursday, October 16, 2025** to give the examination to qualified applicants for Restricted License in Frederick County.

Attached you will find:

- ❑ An application form, which will be submitted to this office with all required information. Fill out the application completely to be considered.
- ❑ A copy of Section 1-7-93 of the Frederick County Electrical Ordinance indicating the qualifications the applicant must have to take the licensing examination
- ❑ A copy of the electrical work verification form (which can be used in lieu of a letter) for documentation of your work experience. Only original documents will be accepted (no copies). The documents must be notarized. This office will verify all documents submitted.

If your employer wishes to send a letter of work verification it needs to:

- ❖ list the applicants name & address
- ❖ state the time frame of employment
- ❖ list applicants job duties (detailing electrical duties)
- ❖ be original letter (no copies)
- ❖ be signed by master electrician for whom you work(ed), stating his/her license number, stating the state or county he/she holds a master license or equivalent to a Master Electrician (your credentials must accompany this form to verify equivalency)

Application must be accompanied by a check in the amount of sixty-one dollars (\$61.00), made payable to Frederick County. This is a non-refundable fee.

If you have taken the test on a previous date, please indicate this on your application.

Your application and related materials must be received in our office no later than **4:00 PM on Friday, October 3, 2025**. Applications cannot be accepted after that time.

**Note:** If full instructions are not followed correctly and completely, your application and materials will be returned to you.

If you have any questions, please feel free to contact this office at 301-600-6721.

Sincerely,

Emily Pearl  
(on behalf of Shannon Walters,  
Secretary of the Frederick County Electrical Board)



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Date: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Circle the type of license:    Restricted - Low Voltage – 50 Volts or Less

Have you taken the examination before? (Yes or No) \_\_\_\_\_ If yes, list date of exam \_\_\_\_\_

Employer(s):

Name of Company: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To: \_\_\_\_\_

Position with Company \_\_\_\_\_

Type of Work Experience (Performed by you): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Company: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To: \_\_\_\_\_

Position with Company \_\_\_\_\_

Type of Work Experience (Performed by you): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Company: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To: \_\_\_\_\_

Position with Company \_\_\_\_\_

Type of Work Experience (Performed by you): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you need to list more companies, list them on another sheet of paper and attach it to this application.

**Signature** \_\_\_\_\_

Note: You must attach a letter verifying your employment from your employer(s). We will only accept **originals** (no copies will be accepted). All letters from employer **must be notarized**. If applying by combination of work experience and scholastic record, copies of related school certificates and verification of employment letters must be submitted with application.



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**Qualification Requirements for taking the Electrical Examination**

According to the Frederick County Ordinance:

***Master Electrician – Restricted***

**Section 1-7-95**

(c) The applicant for a master electrician-restricted license shall satisfactorily establish that he has been actively in charge of electrical installation work under the supervision of a master electrician or master electrician-general or master electrician -restricted in the particular branch or branches applied for, for the period of at least two (2) years, or equivalent at determined by the electrical board and shall pass an examination with respect to the particular branch or branches to be covered by the license applied for.

***Application for Examination and Issuance Generally***

**Section 1-7-93**

(A) The master electrician-restricted license application shall be made on a form supplied by the county, which form shall show the following:

- (1) The number of years the applicant has been engaged in electrical work;
- (2) The type or types of work in which the applicant has been engaged and length of time for each;
- (3) The name and address of present employer;
- (4) The name and address of last previous employer.

(B) The Electrical Board is authorized to make a decision to issue a license to an applicant who can certify successful completion of technical or vocational education in lieu of, in whole or in part, field experience, upon presentation of scholastic records.

(C) Any outstanding violations may be cause for rejection of application.

(D) A license is to be in an individual name only. Frederick County will not license companies, only individuals.

(1959 Code, § 43B-IV(A)-(D)) (Ord. 77-11-88, 8-22-1977; Ord. 94-23-118, §§ 6, 13, 11-15-1994; Ord. 14-23-678, 11-13-2014; Bill No. 22-02, 3-1-2022)



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## VERIFICATION OF ELECTRICAL WORK

(This form may be used instead of a letter)

To: Frederick County Electrical Board

This is to verify that:

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Has been employed at my company from \_\_\_\_\_ to \_\_\_\_\_

Giving him/her a total number of \_\_\_\_\_ years and \_\_\_\_\_ months.

The employee job duties that involve electric include: (list specific detailed types of electrical work. This will determine your employee's qualifications to take the electrical examination)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may list additional information on a separate sheet of paper and attach it to this form.

I, \_\_\_\_\_ certify that I am a Master Electrician. My license number is \_\_\_\_\_

(Your Name)

Registered in the State of \_\_\_\_\_ or County of \_\_\_\_\_.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

**Or**

I, \_\_\_\_\_ am the equivalent to a Master Electrician (Your credentials must

(Your Name)

accompany this form to verify equivalency)

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Notary Seal

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_