



ELECTRICAL LICENSE BOARD  
OF EXAMINERS  
CITY HALL  
61 Church Street  
Amsterdam, N.Y. 12010

Officers  
Chairman: Thomas Pasquarelli  
Secretary: Thomas McQuade

**APPLICATION FOR CLASS "B" MASTER ELECTRICIAN'S LICENSE**

I, \_\_\_\_\_ dba \_\_\_\_\_  
(Licensed Electrician) (Please print clearly) (Business Name)

with a business address of: \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

and a home address of: \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

have read, fully understand, and agree to adhere to the requirements of Chapter 90, Article VI adopted on 8/22/18. I hereby apply for a Class B Master Electrician License per Article VI, Section 53B and have attached the following documents as required with this application

- \* *Liability Insurance Certificate with the City of Amsterdam named as additionally insured with minimum coverages of \$1,000,000 per occurrence and \$2,000,000 annual aggregate.*
- \* *Current Masters License from another municipality, county, state, etc., (and/or any other documentation which the Electrical License Board of Examiners deems necessary)*
- \* *Workmen's Compensation documentation per Section 57 of the Workers' Compensation Law. ( Form C-105.2 for insured, SI-12 for self-insured, or CE-200 with no employees)*
- \* *Disability Benefits documentation per Section 220(8) of the Workers' Compensation Law. ( Form DB-120.1 for insured, DB-155 for self insured, or CE-200 with no employees)*

(Please note that ACORD forms are NOT acceptable proof of NYS workers' comp. or disability benefits coverage)

for work at \_\_\_\_\_ per Electrical Permit # \_\_\_\_\_  
(job address)

Signature \_\_\_\_\_  
(Licensed Electrician)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_

Notary Public / Commissioner of Deeds  
Qualified in Montgomery County, City of Amsterdam  
Term Expires \_\_\_\_\_

\*\*\*\*\* Office Use Only Below \*\*\*\*\*

Residential [ ] Commercial [ ] Fee of \$ \_\_\_\_\_ received this \_\_\_\_\_, 201\_\_\_\_\_

License Application # \_\_\_\_\_ Approved by: \_\_\_\_\_  
(Secretary E.L.B.E.)