



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

Officers
Chairman: Thomas Pasquarelli
Secretary: Thomas McQuade

CLASS A MASTER ELECTRICIAN LICENSE APPLICATION

Chapter 90, Article VI, Section 53A(1) of the City Electrical Code requires a degree in electrical technology or engineering, four or five year apprenticeship training program recognized by NYS Dept. of Labor, or 10 years experience in the electrical industry in all phases of new and existing residential, commercial, and industrial properties on the installation and maintenance of electrical systems as an electrician, shall be eligible to apply. The fee is non-refundable. This application is part of your examination. Answer all questions fully and carefully printed in ink or typed. Documentation to substantiate all education and employment information given MUST be attached ( i.e. licenses, diplomas, job references, etc. ) with this application.

Name (Last Name) (First Name) (Middle Name)

Home Address (Street, Avenue, or Road only, NO POST OFFICE BOX)

City State Zip

Home Phone Cell Phone

Date of Birth

Except for minor traffic violations, were you ever indicted for any violation of law, or been a defendant in a criminal proceeding? Yes No
Convicted of any violation of the law? Yes No

Have you ever had a license to practice as an Electrician revoked? Yes No

If you answer yes to any of the questions, documentation of particulars and disposition of each charge or conviction MUST be attached with this application.

I have read and fully understand the requirements of the City Electrical Ordinance, Chapter 90, Article VI, and this application. I swear that all of the information and all documentation accompanying this application for a Class A Master Electrician License is true and correct to the best of my knowledge.

Signature Date

Sworn to before me this day of, 202

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

Office Use Only Below

Application # Fee of \$100 received on, 202

**EDUCATION Documentation of education ( diplomas, certificates, etc.) MUST be attached**

High School \_\_\_\_\_ Were you graduated? \_\_\_\_\_

College \_\_\_\_\_ # of Yrs. \_\_\_\_\_ Were you graduated? \_\_\_\_\_

Degree in Electrical: (Check one) Technology \_\_\_\_\_ Engineering \_\_\_\_\_

Apprenticeship Training \_\_\_\_\_

Other schools or training \_\_\_\_\_

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

If you currently hold a license, certificate, or other authorization to practice in any capacity to perform electrical work **you MUST attach each document with this application.**

**EXPERIENCE**

Describe under the headings given below any employment, apprenticeship, and occupation you have ever had. Begin with your current employment and work backwards. **You MUST attach a detailed reference from your employer(s) to substantiate the nature of the work personally performed by you with estimated percentage of time on each type of work. If managerial, state the size and kind of work force, if any, supervised by you and the extent of such supervision.**

Firm Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Type of Business \_\_\_\_\_

Job Title \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_

Work performed by you \_\_\_\_\_

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

Firm Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Type of Business \_\_\_\_\_

Job Title \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_

Work performed by you \_\_\_\_\_

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Firm Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Type of Business \_\_\_\_\_

Job Title \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_

Work performed by you \_\_\_\_\_

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Firm Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Type of Business \_\_\_\_\_

Job Title \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_

Work performed by you \_\_\_\_\_

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Firm Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Type of Business \_\_\_\_\_

Job Title \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_

Work performed by you \_\_\_\_\_

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**\* Attach additional sheets as necessary using the exact same format as above in detail.**