



**Office Use Only:**  
 Date of Conditional Approval (not to exceed 6 months): \_\_\_\_\_  
 Date of Final Approval (at least 3 months after conditional approval): \_\_\_\_\_

CANNON BUILDING  
 861 SILVER LAKE BLVD., SUITE 203  
 DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**BOARD OF ELECTRICAL EXAMINERS**

TELEPHONE: (302) 744-4500  
 FAX: (302) 739-2711  
 WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
 EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**INSPECTION AGENCY APPLICATION**

**INSTRUCTIONS**

**Requirements**

Submit proof of the following:

- Submit proof of general liability insurance and errors and omissions insurance, each in the amount of at least \$1,000,000.
- Complete an *Inspection Information* form for each inspector who will conduct inspections in Delaware..
- Submit proof of the qualifications of each inspector consisting of the *Verification of Employment* form completed by named employer, tax Form W-2, or tax Schedule C.

**Conditional Approval**

When the Board office receives proof of insurance and inspector qualifications, the Board may grant conditional approval of the Inspection Agency permit for a period of six or fewer months. Final approval must be at least three months after conditional approval.

1. Name of Main Delaware Office: \_\_\_\_\_

2. Office **Location** Address: \_\_\_\_\_  
Street address (no PO Box)  
 \_\_\_\_\_ DE \_\_\_\_\_  
City Zip

3. Office **Mailing** Address (if different): \_\_\_\_\_  
 \_\_\_\_\_ DE \_\_\_\_\_  
City Zip

4. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

5. Are there other office locations? Yes  No  If yes, enter the following information about **each** location. If you need more room, enclose a separate sheet with the same information.

DOING BUSINESS AS NAME	LOCATION ADDRESS (street, city, zip)	IS THE MAILING ADDRESS DIFFERENT? (If yes, enter mailing address.)	CONTACT INFORMATION (phone, email)
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

6. Check the county(ies) this agency will serve:  New Castle  Kent  Sussex

7. List each full-time inspector who will conduct electrical inspections in Delaware. If you need more room, enclose a separate sheet:

NAME	NATIONALLY CERTIFIED?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

Complete an *Inspection Information* form for each nationally-certified inspector listed above.

To ensure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-8 weeks to receive your license..

#### AFFIDAVIT

I hereby swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

APPLICANT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

Sworn or affirmed before me a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

SEAL

My commission expires on \_\_\_\_\_.

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED.**



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**BOARD OF ELECTRICAL EXAMINERS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**INSPECTOR INFORMATION**

Complete one of these forms for *each* inspector listed on the agency's application form.

**IDENTIFYING INFORMATION**

- Name of Inspector: \_\_\_\_\_
- Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**EMPLOYMENT AND EXPERIENCE INFORMATION**

- Date Hired by Applying Agency: \_\_\_\_\_
- Inspectors must have at least seven years experience. Complete information below about this experience. If you need more room, enclose a separate sheet.

EMPLOYER	ADDRESS	DATES OF EMPLOYMENT	
		From	To

Submit proof of experience consisting of the *Verification of Employment* form completed by named employer, tax Form W-2, or tax Schedule C.

**EXAMINATION INFORMATION**

- Enter the dates the inspector passed each examination administered by a nationally-recognized testing agency and approved by the Division of Professional Regulation:

EXAMINATION	DATE PASSED
Electrical One- and Two-Family dwellings (within 18 months of employment as an inspector)	
Electrical General (within 18 months of employment as an inspector)	
Electrical Plan Review (within 24 months of employment as inspector)	

**CERTIFICATION**

I certify that the information provided about the inspector above is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

**SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

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