



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

STATE OF DELAWARE  
**BOARD OF ELECTRICAL EXAMINERS**

TELEPHONE: (302) 744-4500  
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## APPLICATION FOR LICENSURE AS ELECTRICIAN INSTRUCTION SHEET

### General Information

To perform electrical services in Delaware, you are required to hold a Delaware professional license as an electrician. Performing “electrical services” or “electrical work” is defined by the Board to mean any activity that is covered by the National Electrical Code (NEC) as adopted by the Delaware State Fire Commission. Examples are provided in Section 1.0 of the Board’s [Rules and Regulations](#).

### Types of Licenses

Types of electrician licensure in Delaware include [Master](#), [Master Special](#), [Limited](#), [Limited Special](#), [Journeyman](#), [Residential](#) and [Apprentice](#) (*24 Del. C. 1408 (a)*).

If you have completed **all** education and experience requirements of an approved apprenticeship program and received your certificate of completion, you may apply for a [Residential Electrician](#), [Journeyman Electrician](#) or [other type of Electrician](#) license. Journeyman Electrician licensure allows you to perform electrical services under supervision while you obtain additional experience and master the skills that you will need to pass the examination for the other types of Electrician licensure.

If you do not qualify as a Master Electrician but have knowledge in an area(s) of specialty, you may apply for a Master Electrician Special license in one of these specialty areas.

- Electric Signs
- Elevators
- HVAC
- Primary Distribution Systems
- Pools
- Refrigeration

If you do not qualify as a Limited Electrician but have knowledge in an area(s) of specialty, you may apply for a Limited Electrician Special license in one of these specialty areas.

- HVAC
- Pools

If you have more than one specialty area, you must file a separate application for each area.

### Selecting Type of Application

The application asks whether you are filing for licensure by examination or reciprocity.

- If you do *not* hold a **current** electrical license of the same type for which you are now applying that was issued by another state, U.S. territory or District of Columbia, apply for licensure by examination.
- If you hold a **current** license of the same type for which you are now applying issued by another state, U.S. territory or District of Columbia, apply for licensure by reciprocity.

**Note:** In the state of Pennsylvania, electrical licenses are not issued by a state board. If the only current license(s) you hold was issued by a Pennsylvania municipality or other jurisdiction, you must apply by examination.

### Requirements for All Applications

- Submit completed, signed and notarized [Application for Licensure as an Electrician](#).
- Enclose the non-refundable [processing fee](#) by check or money order made payable to “State of Delaware.”

- Submit proof of general liability insurance of at least \$300,000. Your name must be on the insurance document you submit even if your employer holds the policy.
  - If your employer carries general liability insurance of at least \$300,000.00 covering its employees, the proof you submit must show that you are covered by your employer's policy. (See Sections 6.2 and 6.3 of the Board's [Rules and Regulations](#).)
  - You may take the exam before submitting proof of insurance, but you must submit it *after* you pass. Your license cannot be issued until the Board office receives proof of insurance.
  
- If you have ever held *any kind of individual* electrician license issued by *any kind of* jurisdiction, arrange for the Board office to receive a license verification (letter of good standing) from *each* jurisdiction where you have ever held a license, sent *directly* from the jurisdiction to the Delaware Board office.
  - The jurisdiction may be a state, U.S. territory, District of Columbia or any other governmental jurisdiction such as a city or county.
  - If the license issued by another jurisdiction was a license for an electrical business that encompassed all its employees, instead of your own license as an individual, it is not necessary to obtain a license verification for that business.

**Additional Requirements for Licensure by Examination**

If you are applying by examination, the following items are required in addition to those listed under **Requirements for All Applications** above. If you need to take the examination for an original license, the Board of Electrical Examiners must approve you to sit for the examination. Submit the following items for Board approval at least 45 days before the scheduled test date (Section 4.0 of the Board's [Rules and Regulations](#)):

- Submit proof of experience. The experience requirement depends on which kind of license you are applying for.

IF you...	AND IF you are applying for...	THEN submit...
Have completed a registered apprenticeship program	Master, Limited or any Special license	Certificate of completion of apprenticeship from any <i>bona fide</i> , registered apprenticeship program of any state, U.S. territory or District of Columbia.
Have <b>not</b> completed a registered apprenticeship program	Master Electrician	<ul style="list-style-type: none"> <li>• <a href="#">Verification of Employment</a> form showing <b>six</b> years full-time experience under the supervision of a licensed master electrician.</li> </ul> <p style="text-align: center;"><b>or</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Verification of Employment</a> form showing <b>four</b> years full-time experience under the supervision of a licensed master electrician plus an official transcript showing <b>two</b> years of technical training, sent directly to the Board office from the school.</li> </ul>
	Limited Electrician	<a href="#">Verification of Employment</a> form showing <b>three</b> years full-time experience under the supervision of a licensed master or limited electrician.
	Master Electrician Special	<a href="#">Verification of Employment</a> form showing <b>six</b> years full-time experience <i>in the area(s) of specialty</i> under the supervision of a licensed master electrician or master electrician special.
	Limited Electrician Special	<a href="#">Verification of Employment</a> form showing <b>three</b> years full-time experience <i>in the area(s) of specialty</i> under the supervision of a licensed master electrician, master electrician or limited electrician special.

- If you cannot obtain the required [Verification of Employment](#) form from the supervising licensed electrician, submit tax form W-2 showing full-time employment and a letter explaining why you cannot obtain the form. Acceptance of proof other than the [Verification of Employment](#) form is at the discretion of the Board.
- To receive credit for any experience you obtained in Delaware after June 30, 2012, you must have obtained the experience while licensed as an Apprentice or Journeyman Electrician.

When the Board has approved your application, the Board office will send you the examination registration form. For more information, see [Exam Information](#).

### Additional Requirements for Applications by Reciprocity

If you are applying by reciprocity, the following items are required in addition to those listed under **Requirements for All Applications** above.

- If **none** of the jurisdictions where you hold a **current** license (of the same type for which you are now applying) has licensure standards “substantially similar” to those of Delaware, you must submit proof of your experience. Use this table to decide whether to submit proof of experience.

IF you hold a current license that was issued by one of these jurisdictions...	THEN the licensure standards (see note below)...	AND you...
Michigan, Wyoming	are substantially similar	do <b>not</b> need to submit any proof of experience.
Arkansas, Colorado, D.C., Florida, Georgia, Maine, Maryland, Massachusetts, Nebraska, Nevada, New Hampshire, New Jersey, North Carolina, Ohio, Texas, Vermont, Virginia, West Virginia	are <b>not</b> substantially similar	<p>must submit proof of experience for a <i>minimum of five years after licensure</i>:</p> <ul style="list-style-type: none"> <li>• For periods of <i>employment</i>, submit a <i>Verification of Employment</i> form describing your experience. If you cannot obtain the required form from the supervising licensed electrician, you may substitute tax W-2 forms showing full-time employment. <b>Include a letter explaining why you cannot obtain the form.</b></li> <li>• For periods of <i>self-employment</i>, you may submit tax form Schedule C as proof of experience.</li> </ul>
A state or U.S. territory <b>not</b> listed above.	must be evaluated by the Board.	<p>must submit a copy of the other jurisdiction’s law and regulations for evaluation.</p> <p><b>Note:</b> You do <i>not</i> need to provide law and regulations for jurisdictions that are not states, U.S. territories or the District of Columbia.</p>

- The determination of substantial equivalence may change based, for example, on changes in the other jurisdiction’s law or regulations.
- If none of the jurisdictions where you hold a current license (of the same type for which you are now applying) has licensure standards “substantially similar” to those of Delaware and if you do not have the required five years of experience, you must meet the requirements for licensure by examination as explained under **Additional Requirements for Applications by Examination** above. You cannot be licensed by reciprocity.



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**APPLICATION FOR LICENSURE AS ELECTRICIAN**

**TYPE OF APPLICATION – All applicants complete this section.**

- Show which type of license you are applying for (check one):
  - Master
  - Limited
  - Master Special – Check specialty:  Signs     Elevators     Pools     Refrigeration  
 Primary Distribution Systems     Heating, Ventilation, Air Conditioning
  - Limited Special – Check specialty:  Pools     Heating, Ventilation, Air Conditioning
- Select the method of licensure (check one):
  - Reciprocity** – I hold a **current** license of the same type for which I am now applying that was issued by a state other than Delaware, a U.S. territory or the District of Columbia. Skip to Question 4.
  - Examination** – I do **not** hold any **current** license of the same type for which I am now applying that was issued by another state, U.S. territory or the District of Columbia. Continue to the next Question.
- Do you need to take the exam for an original license? Yes  No
- Do you currently hold another type of Delaware Electrician license? Yes  No  **If yes, enter license number:**  
\_\_\_\_\_ - \_\_\_\_\_

**IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.**

- Name: \_\_\_\_\_  
Last First Middle
- Other Names Used: None  \_\_\_\_\_
- Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male  Female
- Have you been issued a U.S. Social Security Number? Yes  No  **If yes, enter your SSN:** \_\_\_\_\_  
**If no, you must file a [Request for Exemption from Social Security Number Requirement](#).**
- Mailing Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip code
- Phone: \_\_\_\_\_ Home Work Email: \_\_\_\_\_

**LICENSURE HISTORY – All applicants complete this section.**

11. Have you ever held an electrician license of any kind? Yes  No  **If yes, list all licenses you now hold, or have ever held, as an electrician. If you need more room, enclose a separate sheet with the same information.**

JURISDICTION THAT ISSUED LICENSE	TYPE OF JURISDICTION	LICENSE NUMBER	IS THIS LICENSE CURRENT?
	<input type="checkbox"/> State, U.S. territory, D.C. <input type="checkbox"/> City or County <input type="checkbox"/> Other		Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> State, U.S. territory, D.C. <input type="checkbox"/> City or County <input type="checkbox"/> Other		Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> State, U.S. territory, D.C. <input type="checkbox"/> City or County <input type="checkbox"/> Other		Yes <input type="checkbox"/> No <input type="checkbox"/>

- **Arrange for the Delaware Board office to receive a license verification (letter of good standing) sent directly from each jurisdiction listed above.**
- **If you are applying by reciprocity, refer to the [list of jurisdictions](#) with licensure requirements that are substantially similar to those of Delaware in the section entitled *Additional Requirements for Licensure by Reciprocity* on the Instruction Sheet. If a jurisdiction where you hold a current license is *not* on the list, arrange for the Board office to receive a copy of the law and rules and regulations from that jurisdiction(s). You do *not* need to provide law and regulations for jurisdictions that are not states, U.S. territories or the District of Columbia. The Board will determine if the jurisdiction has requirements substantially similar to those of Delaware.**

**APPRENTICESHIP/TRAINING – Applicants by examination complete this section.**

12. Have you completed a registered apprenticeship program? Yes  No  **If yes, enter the following information and skip to the EXPERIENCE section:**

Supervisor: \_\_\_\_\_ Supervisor's License Number: \_\_\_\_\_

**Enclose a copy of the Certificate of Completion from your apprenticeship program.**

13. Have you completed technical training (not including training used to achieve the *Certificate of Completion* in an apprenticeship program)? Yes  No  **If yes and if you are applying for a Master Electrician license with four years experience, arrange for the school to send an official transcript directly to the Board office.**

**EXPERIENCE – All applicants complete this section.**

14. List relevant experience or employment. Begin with the most recent and work backward.

- If applying by examination, go back at least the number of years of experience you are required to have based on the type of license you are applying for. To receive credit for any experience you obtained in Delaware after June 30, 2012, you must have obtained while licensed as an Apprentice or Journeyman Electrician. Refer to section entitled **Additional Requirements for Licensure by Examination** on the Instruction Sheet.
- If applying by reciprocity, go back at least **five** years.

Employer Name: _____		
Employer Address: _____		
Street		
City	State	Zip
Your Job Title: _____ Employment Dates: _____		
	From	To
Jurisdiction(s) Where You Worked: _____		
Description of Duties: _____		
_____		

**You may copy this page.**

Employer Name: _____			
Employer Address: _____			
	Street		
_____			_____
City	State	Zip	
Your Job Title: _____ Employment Dates: _____			
		From	To
Jurisdiction(s) Where You Worked: _____			
Description of Duties: _____			
_____			

Employer Name: _____			
Employer Address: _____			
	Street		
_____			_____
City	State	Zip	
Your Job Title: _____ Employment Dates: _____			
		From	To
Jurisdiction(s) Where You Worked: _____			
Description of Duties: _____			
_____			

Employer Name: _____			
Employer Address: _____			
	Street		
_____			_____
City	State	Zip	
Your Job Title: _____ Employment Dates: _____			
		From	To
Jurisdiction(s) Where You Worked: _____			
Description of Duties: _____			
_____			

- **If applying by reciprocity, submit proof that you have at least five years of experience after licensure ONLY when no jurisdiction where you hold a current license has requirements that are substantially similar to those of Delaware. Refer to the Instruction Sheet for [lists of jurisdictions](#) that have (or do not have) licensure requirements substantially similar to those of Delaware.**
  - For periods of employment, submit [Verification of Employment](#) form(s). If you cannot obtain the required *Verification of Employment* form from the supervising licensed electrician, you may substitute tax W-2 forms showing full-time employment. **Include a letter explaining why you cannot obtain the form.**
  - For periods of self-employment, submit tax form Schedule C.
  
- **If applying by examination, submit *Verification of Employment* forms or tax form W-2's for the experience you entered above ONLY when you have not completed a registered apprenticeship program. If you have completed a registered apprenticeship program, no proof of experience is required. If you cannot obtain the required form from the supervising licensed electrician, you may substitute tax W-2 forms showing full-time employment. **Include a letter explaining why you cannot obtain the form.****

**GENERAL LIABILITY INSURANCE – All applicants complete this section.**

15. Check the item(s) that describes your current insurance coverage:

- I carry my own general liability insurance of at least \$300,000.
- My employer carries general liability insurance of at least \$300,000 that covers me.
- I am applying to take the examination and do not have general liability insurance coverage yet. I will submit proof of general liability coverage of at least \$300,000 after I pass the examination.

**Submit proof of general liability insurance. Your name must be on the insurance document you submit even if your employer holds the policy.**

**DISCLOSURES – All applicants complete this section.**

16. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes  No  **If yes, submit a signed letter of explanation and documentation of the final disposition.**
17. Are criminal charges against you pending in any jurisdiction? Yes  No  **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
18. Have you received any administrative penalties regarding your practice as an electrician such as fines, formal reprimands, license suspension or revocation (except for non-payment of fees), probationary limitations, or been a party to a “consent agreement” containing conditions placed by a Board on your professional conduct and practice including any voluntary surrender of a license? Yes  No  **If yes, provide documentation of the action.**
19. Do you have any disciplinary proceedings or unresolved complaints pending against you in any jurisdiction where you have previously been or are currently licensed or registered? Yes  No  **If yes, provide documentation of the proceeding or complaint.**
20. Do you have any impairment related to drugs or alcohol that would limit your ability to act as an electrician in a manner consistent with the safety of the public? Yes  No

**DUTY TO REPORT – All applicants complete this section.**

21. Do you understand that owners, operators, managers and supervisors of an electrical business have a mandatory duty to file a written report with the Board of Electrical Examiners within 10 days of learning that a person working for or under his/her supervision is performing electrical work without the proper license? Yes  No
22. Do you understand that an owner, operator, manager or supervisor of an electrical business must check to ensure that all employees and independent contractors are properly licensed before allowing them to perform electrical work? Yes  No

**If your application requires Board review, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board’s next 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.***





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**VERIFICATION OF EMPLOYMENT**

**APPLICANT INFORMATION – This section to be completed by applicant**  
*You may copy this form.*

1. Applicant Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_  
Street

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

3. Employer (Company's Name): \_\_\_\_\_

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

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

**EXPERIENCE – This section to be completed by applicant's licensed supervisor.**

**Instructions:** The above applicant has applied to the Delaware Board of Electrical Examiners for licensure. **Return the completed, signed, notarized form directly to Board at the address above.** Forms submitted by the applicant cannot be accepted.

**Information about Supervisor**

1. Supervisor's Full Name: \_\_\_\_\_

2. Enter the following information about your licensure at the time you supervise(d) applicant:

Type of License (e.g., Master): \_\_\_\_\_ Number: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

3. List all jurisdictions where applicant obtained experience: \_\_\_\_\_

**Applicant's Supervised Experience**

4. Check *each* level at which you supervise(d) the applicant and complete the information for that level.

Apprentice: From: \_\_\_\_\_ To: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_  
month/day/year month/day/year

Journeyman: From: \_\_\_\_\_ To: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_  
month/day/year month/day/year

5. If different than the dates entered above, enter the period when applicant worked full-time (35+ hours per week):

From: \_\_\_\_\_ To: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_  
month/day/year month/day/year

6. Describe the types of electrical work the applicant performed under your supervision: \_\_\_\_\_

**AFFIDAVIT**

I confirm that I am the employer/supervisor named above and I declare and affirm under penalty of perjury that the foregoing statements are true and complete to the best of my knowledge and belief.

**SUPERVISOR 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: \_\_\_\_\_.