



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)

## APPLICATION FOR LICENSURE AS A RESIDENTIAL 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 electrician licensure include [Master, Master Special, Limited, Limited Special, Journeyman, Residential](#) and [Apprentice \(24 Del. C. 1408 \(a\)\)](#).

A Residential Electrician license allows you to conduct residential electrical work without having to be under the **direct onsite supervision** of a licensed master electrician, master electrician special, limited electrician, limited electrician special or journeyman electrician. Residential Electricians are **only** allowed to perform electric work:

- on or within a residential dwelling or building prior to the dwelling or building being connected to the electric grid.
- to or beyond the breaker panel or fuse box in a residential dwelling or building. For more information see [\(24 Del. C. §1422A\)](#).

To be licensed as a Residential Electrician you must:

- have over 4000 hours of fulltime experience or have completed a residential apprentice program approved by the board and
- pass a residential examination (If we receive your application **before** March 1<sup>st</sup> 2019, you are not required to take the exam).

If you hold a **current** residential license issued in any jurisdiction (State, U.S. territory, District of Columbia) or a certificate of completion issued by the Department of Labor or approved apprentice program in Delaware or any jurisdiction, you must pass a residential examination.

When the Board has approved your application, the Board office will send you the examination registration form and instructions.

### Requirements for All Applications

- Submit completed, signed and notarized [Application for Licensure as a Residential Electrician](#).
- Enclose the non-refundable [processing fee](#) by check or money order made payable to “State of Delaware.” See [Fee Schedule](#).
- If you have ever held an electrical license in any another jurisdiction, arrange for the Board office to receive license verification from each jurisdiction, sent directly from the jurisdiction to the Board office.
- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).  
*The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.*

- If you have fulltime experience, submit [Verification of Employment](#) form(s) showing **4,000 hours** full-time experience under the supervision of a licensed master electrician, limited electrician, or have been individually licensed.
  - If you cannot obtain a *Verification of Employment* form for one or more periods of employment (e.g., your former employer has gone out of business), you may substitute tax form W-2s for those periods. However, you must include a letter explaining why you cannot obtain the form and a detailed outline of your experience.
- If you have completed a Residential Apprentice program, enclose a certificate of completion of apprenticeship from a state-approved, *bona fide*, registered apprenticeship program such as a program approved by the Department of Labor or a Board-approved program.
- Submit a copy of the law and rules and regulations from **each** state, U.S. territory or the District of Columbia where you hold a **current** residential electrician license.
  - You do *not* need to provide licensure law and regulations related to licenses issued by jurisdictions that are not states, U.S. territories or the District of Columbia (e.g., cities or counties).



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**APPLICATION FOR LICENSURE AS A RESIDENTIAL ELECTRICIAN**

**Examination** – Required for all Residential Electrician License.

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

- Name: \_\_\_\_\_  
Last First Middle
- Other Names Used: \_\_\_\_\_
- 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: None

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

- Have you *completed* the educational and experience (on-job-training) requirements of a registered apprenticeship program? Yes  No  **If yes, enclose an apprenticeship completion certificate from a state-approved, *bona fide*, registered apprenticeship program such as a program approved by the Department of Labor or board-approved program.**
- Have you **ever** held an electrical license of any type in any jurisdiction? Yes  No  If yes, provide the following for *each* license you have ever held. If you need more room, enclose a separate sheet.

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 sent directly from *each* jurisdiction listed.**

**EMPLOYMENT AND SUPERVISION – All applicants complete this section.**

9. Enter the following information about your current employment.

<b>CURRENT EMPLOYMENT</b>			
Employer Name: _____			
Employer Address: _____			
	Street		
_____	_____	_____	_____
City	State	Zip	
Supervisor: _____ License No: _____			
Your Job Title: <input type="checkbox"/> Apprentice <input type="checkbox"/> Residential Electrician <input type="checkbox"/> Other: _____			
Date of Employment: _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
Description of Duties: _____			
_____			

10. Do you understand that you are **not** permitted to perform electrical work without supervision of a master or limited electrician (the supervisor is **not** required to be onsite), and that you are **not** permitted to call for an inspection? Yes  No

11. Do you understand that you are **only allowed** to perform the electrical work below? Yes  No

Electrical work:

- on or within a residential dwelling or building prior to the dwelling or building being connected to the electric grid
- to or beyond the breaker panel or fuse box in a residential dwelling or building

**EXPERIENCE – All applicants complete this section**

12. List your related, full-time employment beginning with the most recent and working backwards. **If you need more room, enclose separate sheet with the same information.**

Employer Name: _____			
Employer Address: _____			
	Street	City	State
	_____	_____	_____
Zip			
Supervisor: _____ License No: _____			
Your Job Title While Employed Above: <input type="checkbox"/> Apprentice <input type="checkbox"/> Residential Electrician <input type="checkbox"/> Other: _____			
Employment Dates: From: _____ To: _____			
Description of Duties: _____			
_____			

Employer Name: _____			
Employer Address: _____			
	Street	City	State
	_____	_____	_____
Zip			
Supervisor: _____ License No: _____			
Your Job Title While Employed Above: <input type="checkbox"/> Apprentice <input type="checkbox"/> Residential Electrician <input type="checkbox"/> Other: _____			
Employment Dates: From: _____ To: _____			
Description of Duties: _____			
_____			

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
  Street  City  State  Zip  
Supervisor: \_\_\_\_\_ License No: \_\_\_\_\_  
Your Job Title While Employed Above:  Apprentice  Residential Electrician  Other: \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_

- **Submit Verification of Employment form(s) showing at least 4,000 hours of supervised, full-time experience.**
- **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 Verification of Employment form.**

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

13. 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.**
14. Are criminal charges against you pending in any jurisdiction? Yes  No  **If yes, enclose a complete explanation and any documentation related to the charges.**
15. Have you received any administrative penalties (disciplines) in connection with your practice as an electrician such as fines, formal reprimands, license suspension or revocation (except for non-payment of fees), probation, limitations, **or** have you 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.**
16. 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.**
17. 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**

18. 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

19. 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

**To assure 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.***



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**VERIFICATION OF EMPLOYMENT**

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

- Applicant Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip code
- 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**

- Supervisor's Full Name: \_\_\_\_\_
- Enter the following information about your licensure at the time you supervise(d) applicant:  
Type of License (e.g., Master): \_\_\_\_\_ Number: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_
- List all jurisdictions where you have held an electrician license: \_\_\_\_\_

**Applicant's Supervised Experience**

- 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  
 Residential Electrician: From: \_\_\_\_\_ To: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_  
month/day/year month/day/year
- 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
- 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: \_\_\_\_\_.