

### **TEXAS DEPARTMENT OF LICENSING & REGULATION**

P.O. Box 12157 • Austin, Texas 78711-2157 www.tdlr.texas.gov

#### MASTER ELECTRICIAN LICENSE APPLICATION INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

- 1. NAME Provide your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
- 2. DATE OF BIRTH Provide your birthdate.
- 3. GENDER Select whether you are male or female.
- 4. <u>SOCIAL SECURITY NUMBER</u> Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the *Texas Attorney General*.
- MAILING ADDRESS Provide your current mailing address. This is the address where we will send you mail. This
  address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently and
  accurately.
- 6. PHYSICAL ADDRESS Provide your physical address of your residence. Do not use a post office box for this address.
- PHONE NUMBER Provide a telephone number, including the area code, where we can reach youduring the day. This may be your office phone number where we can leave a message.
- 8. <u>EMAIL ADDRESS</u> By providing my email address I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address, or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
- CRIMINAL HISTORY Indicate if you have ever been convicted of, or placed on deferred adjudication for, any
  Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a <u>Criminal History</u>
  Questionnaire (PDF) for each offense.
  - If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before you submit your application and pay non-refundable fees. To request a criminal history evaluation, submit a <u>Criminal History Evaluation Letter (PDF)</u>, a completed <u>Criminal History Questionnaire (PDF)</u> for each crime you were convicted of, or placed on deferred adjudication for, and a \$10.00 fee.
- 10. <u>DISCIPLINARY ACTION HISTORY</u> Indicate if you have ever had a professional license, certification, or registration suspended, revoked, or denied in any state. If Yes, complete and attach a <u>Disciplinary Action Questionnaire (PDF)</u> for each disciplinary action.
- 11. <u>LICENSING REQUIREMENTS</u> You must have held a journeyman electrician's license for at least two years. You must have at least 12,000 hours of on-the-job training under the supervision of a master electrician prior to taking the exam. When your experience has been approved, PSI will mail you a postcard with information on how to schedule your exam. The employment history portion of the application must include the full 12,000 hours. An Experience Verification Form is required for each employer and must be signed by the supervising master electrician.
- 12. STATEMENT OF APPLICANT Carefully read the statement before signing and dating your application.
- 13. <u>EXPERIENCE VERIFICATION</u> An Experience Verification Form or letters on company letterhead must be completed and signed by the supervising master electrician. Make additional copies of the Experience Verification form as needed. If you are licensed as a master electrician by a municipal or regional licensing authority, you do not need to provide any experience with this application. Include a copy of your master electrician license issued by the municipal or regional licensing authority. You must also include the "<u>Discontinued Municipal or Regional Licensing Program Form</u>".

#### APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY

**SPOUSES** The Texas Department of Licensing and Regulation recognizes the contributions of our active-duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the <u>Military Service Member, Military Veteran or Military Spouse Supplemental Application (PDF)</u> and attach it with your license application.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the <u>TDLR Military Information web page</u>.

#### SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

**TDLR** 

P.O. Box 12157

Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

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#### **TDLR Public Information Act Policy:**

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document maybe made available to the public. For more information, view the *TDLR Public Information Act Policy*.



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## MASTER ELECTRICIAN LICENSE APPLICATION

You must submit this completed application to TDLR before scheduling your Texas examination. If your application is approved, we will contact the exam provider (PSI) and they will send you a postcard to schedule your Texas exam.

APPI	LICATION FEE: \$4	45 (FEE IS N	ION-REFUND	ABLE)		
l. Name:						
Last	_	First		Midd	lle Si	uffix
2. Date of Birth:			3. Gender:			<u> </u>
	DD/YYYY			■ Male	☐ Female	
. Social Security Number: See instruction sheet for disclosure information)			_			
. Mailing Address: (P.O. box can be us	sed for this address)					
Number, Street Name, Suite Number/Apart	ment Number	City	,	State	Zip Code	
Number, Street Name, Suite Number/Apart	tment Number	City		State	Zip Code	
. Phone Number:	8. Email Addr	ess:				
(Area Code) Phone Number	Email addres	ss (ex: johndoe	@gmail.com) (See	e Instruction she	eet for disclosure informa	ion)
. Have you ever been convicted o misdemeanor or felony, other th If YES, complete and attach a Criminal His	an a minor traffic tory Questionnaire for e	violation? each offense.	dication for, a		☐ Yes ☐	No
Have you ever had an occupati revoked, or denied in any state     If YES, attach a Disciplinary Action Quest	?		•	•	☐ Yes ☐	No
revoked, or denied in any state	? tionnaire to this applicat		not include your	•	∐ Yes □	No
revoked, or denied in any state If YES, attach a Disciplinary Action Quest	? tionnaire to this applicat	tion. (This does	not include your	•	∐ Yes □	No
revoked, or denied in any state If YES, attach a Disciplinary Action Quest  1.	tionnaire to this applicate  LICENSE F n electrician's lice	tion. (This does	not include your ENTS  'es	•		No
revoked, or denied in any state If YES, attach a Disciplinary Action Quest  1.  Have you ever held a journeyma	? tionnaire to this applicat LICENSE F n electrician's lice urneyman electric	tion. (This does	not include your ENTS  'es	driver license.)		No

d. Wh	at was your journeym	an electrician's li	cense number:		_
Ori	ginal Issue Date:		_ Expiration Date		
To qua	alify for a Master Elec	trician License, y	ou must meet either	A or B below:	
A. •	Passed the Texas Ma Held a journeyman lic Completed at least 12	ense for at least tw	wo years, and	the supervision of a ma	aster electrician.
	Completed application i and the Employment H			Form (or letters from p	previous supervisors)
OR					
B. •	issuing or renewing lid Held the municipal or	enses. regional license fo	or the preceding year.	lity or region that has e	lected to discontinue suing or renewing licenses.
Note: <sup>-</sup> applica	The Discontinued Munication.	sipal or Regional Li	icensing Program For	m must be completed	and attached to this
12.		ST	ATEMENT OF APPL	ICANT	
Chapte Admin	er 1305 and Chapter 51	will comply with a ;Texas Administra 73. I understand	all applicable provisio ative Code, Chapter 6 that providing false in	ns of the Electrician <i>A</i> 0; and the Electricians formation on this appli	Act; Texas Occupation Code Administrative Rules, Texas cation may result in denial of istrative penalties.
	Sign	ature of Applicant			Date Signed

13. ELECTRICIAN THIS FORM MUST BE COMPLETED BY A PE	N EXPERIENCE VERIFICAT	
	NT MAY CONTACT FOR VERIFIC	
••		
Last Name	First Name	Middle Name Suffix (Jr. Sr. III)
Master Electrician Name:		Phone Number:
Last Name Company Name:	First Name	(Area Code) Phone Number
Company Name.		
Your Electrician License Information: (Copy or	letter of verification required for out of s	tate licenses)
License Type (Master, Etc.) License Number	Effective Date	Expiration Date
State, County, or Municipality Issuing Licens	se: Period You Supervised	l Applicant:
	Start Date (month/day/year	r) End Date (month/day/year)
Number of hours worked during this time pe	riod:	
Did you supervise the electrical work of the applicant during the	ahove?	a valid license during the dates listed
above dates?		• • • •
☐ Yes ☐ No		cense type?
Choose the correct type of work performed by	by this applicant:	
Installed Electrical Wiring System		
Residential Commercial Industria	al	
Maintained Electrical Wiring System		
☐ Residential ☐ Commercial ☐ Industria	al □Exempt □Other	
Extended an Electrical Wiring System		
Residential Commercial Industria	al Exempt Other	
Serviced Entrance Conductors		
☐Residential ☐Commercial ☐Industria	al	
Detailed Description of work performed:		
ST	ATEMENT OF SUPERVISOR	
<b>TEXAS LICENSED EMPLOYER STATEMENT:</b> As verified actual experience (number of hours and dutivision. I understand that I may be subject to disciplinate than that which was performed while the applicant was	es) that this applicant received wh ary action up to and including revo	ille working under my license and general supe ocation of my license if I verify experience other
BY SIGNING THIS FORM, I CERTIFY THAT THE IN	NFORMATION ON THIS FORM IS	S TRUE AND CORRECT.
Cignosti ing of Monton Floritii	olon.	 Date Signed
Signature of Master Electri	Ciari	Date Signed