1. APPLICATION REVIEW BY EXAMINATION – Applications for the examination are reviewed at the Board’s quarterly meetings. Applications are to be submitted to the Board Office on or before the deadline (Meeting Schedule Enclosed). Applications received after the deadline will remain in the Board Office until the next quarterly meeting. You will be notified of your approval to submit a fee of $165 (Cashier’s Check or Money Order) within 10 days after being approved. Once this fee is paid, you will receive an authorization letter with instructions to schedule the examination within 90 days. All scores are reported by mail. If you do not pass, you will receive a form to retake the examination. Do not submit your application in a quarter that you will not be prepared to take the examination. Authorization letters are not transferable. You will be required to submit a re-take form (available on the website) along with an additional examination fee if you fail to schedule and take your examination within the authorized 90 days.

APPLICATION INSTRUCTIONS
In order for your application to be reviewed by the Board, it must be complete and include all the following information:

☑ Mark the appropriate category (By Exam or Reciprocal)
☑ All Questions and Information Requested is Complete
☑ Obtained Required and Notarized Signatures
☑ Passport Photo (2x2)
☑ Completed Work Experience and Work Affidavit (This Information is Required for Both the Exam and Reciprocity) Application will be automatically denied if either or both of the sections are incomplete.

REQUIRED EXPERIENCE
The required experience to qualify for this examination is to be in the commercial, industrial or residential new construction fields. You must have held a supervisory or managerial position for the required amount of time. Maintenance experience of any type will not be counted towards the required amount of time. The Work Affidavit must be completed by
someone in the Human Resources Department, Company President/CEO, Electrical Contractor, Master Electrician, Electrical Engineer or Electrical Inspector. You cannot sign your own work affidavit even if you are self-employed. If you are self employed and there is no one listed above that is available to sign a work affidavit, you must write a letter detailing the dates you went into business and a description of the electrical experience acquired in the business.

The application must have a minimum 8,000 hours of supervisory electrical construction experience. As defined in Chapter 303-X-2-.02(b)(1): “Persons applying for a state wide electrical contractor examination must demonstrate a minimum of 8,000 hours that shows that you have designed, planned, laid-out and directly supervised electrical construction activities and the installing of electrical components.”

Qualified Education
Applicant may substitute (1) year of education in electrical curriculum for one-half (1/2) year electrical experience for a maximum of two (2) years credit of the four (4) years experience requirements. The applicant must submit a copy of the diploma, certificate, or transcript.

2. Applicants Applying / Reciprocity Agreement

A. All reciprocal applicants must meet the experience requirements listed above. An applicant also must have passed a standardized examination with one of the participating state(s): Arkansas, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee or Virginia. The applicant must not have any outstanding complaints with any other licensing agency, and all applicants must be currently licensed in good standing. This completed application along with a copy of license issued by the state licensing board showing you have an electrical contractor's license in the category in which you are applying. An original letter from the state licensing board verifying (copies, faxes and online verifications are not accepted) the original verification letter must be included with the application, that you hold an unlimited/unrestricted license and passed the required examination. The reciprocity fee of $315.00 (Cashier’s Check or Money Order) must accompany the application.

B. Note that State law requires any electrical contractor performing a job over $50,000 must have an appropriate license issued by the Alabama Licensing Board for General Contractors. Questions regarding this contact the General Contractors Board at 1-800-356-6361 or www.genconbd.state.al.us.
ELECTRICAL CONTRACTORS LICENSE BY EXAMINATION / BY WAIVER RECIPROCITY AGREEMENT

APPLICATION FOR:
Select one: _____ Electrical Contractor by Examination
            _____ Electrical Contractor by Reciprocity

1. APPLICANT INFORMATION
This section to be completed by the person seeking licensure. The name listed in this section is the owner of the license. You must sign contracts, apply for permits, conduct business and advertise in the same name that will appear on your license.

APPLICANT
Full Name: ____________________________________________
           (Last)  (First)  (Middle)

Business Name: ____________________________________________
The name to put on the license to work and pull permits / DBA “Doing Business As” Name
(Exact name in which this entity will be conducting business in AL)

IRS (tax) Identification # ____________________________________________
(May substitute SSN#)

Select your Business Type:

                      _____ Sole proprietorship  _____ Partnership  _____ Corporation  _____ LLC  _____ LLP

Mailing Address: _______________________________________
(i.e. P O Box)  (City)  (State)  (Zip)

Business Address: _______________________________________
(Physical Street Address)  (City)  (State)  (Zip)

Business Telephone #: _ (_____ ) __________________________
Fax Telephone # _ (_____ ) __________________________

Email Address: _______________________________________

In this space applicant must attach a clean, full-face photo of head and shoulders taken within the past six (6) months. 2 x 2 size.
2. APPLICANT INFORMATION
This is the individual that is applying for licensure by exam or reciprocity.

Name: _______________________________________________________________________________

_________________________________ (Last)                                   (First)                                (Middle)

SSN#_______ -_____ -_______   DOB: ________________________


Home Address: ________________________________________________________________________

Home Telephone# (_______)__________________________ Cellular# (____)____________________

3. BACKGROUND INFORMATION OF APPLICANT
Attach documents or written explanation for each “Yes” answer.

*Have you ever been disciplined for contracting/practicing as an electrical contractor without being properly licensed? ______ YES   ______ NO

*Is any investigation or disciplinary action currently pending against you by any regulatory authority?  _____Yes    _____NO

*Have you or any organization of which you are or were an officer, principal, qualifying party or major shareholder ever been issued a Cease and Desist Order for contracting / practicing without being properly licensed? ______ YES   ______ NO

4. The Owner/Officer whose signature appears below attests that the Applicant is a full-time employee of his/her entity and that all statements made by the Owner/Officer in this application are true and correct. The Applicant whose signature appears below attests that he/she is a full-time employee of Owner/Officer’s entity, and that all statements made by the Applicant in this application are true and correct. By signing below, we understand that false or incorrect information provided by either of us may result in denial of a license, loss of an existing license, and/or civil and criminal penalties under the law; that all information in this application may be investigated for verification; and that we have read, understand, and agree to abide by the laws, rules and regulations governing electrical contracting in Alabama.

________________________________         _____________________    _______
Signature of Applicant                                     Title                                      Date

________________________________         _____________________    _______
Signature of Owner/Officer                             Title                                       Date

Sworn and Subscribed before me this ______ day of _______________________

_________________________________ My Commission Expires_____________
Notary Public

State of _______________________ County of ___________________________
BUSINESS ENTITY JOB LIST

ALL APPLYING FOR AN ELECTRICAL CONTRACTORS LICENSE MUST COMPLETE THIS INFORMATION (RECIPROCAL ALSO)

LIST OF JOBS AND/OR EDUCATION YOU SUPERVISED TO DEMONSTRATE 8,000 HRS EXPERIENCE. (IF CLAIMING EDUCATION YOU MUST LIST HERE AND ENCLOSE PROOF OF EDUCATION)

NAME OF BUSINESS APPLYING: ________________________ APPLICANT: ________________________

<table>
<thead>
<tr>
<th>NAME AND BRIEF DESCRIPTION (Description to show you supervised job)</th>
<th>TOTAL PROJECT HOURS</th>
<th>LOCATION OF JOB CITY/STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. JOB START DATE (Mo/Yr)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. JOB COMPLETION DATE (Mo/Yr)</td>
<td></td>
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<tr>
<td>A. JOB START DATE (Mo/Yr)</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: If you require additional space, photo copy this page and attach additional pages to application.
The information below is requested by the Alabama Electrical Contractors Board and must accompany the application of an applicant to take the Electrical Contractors Examination or Journeyman Electricians Examination.

Applicant must furnish the Board a separate affidavit from each employer or company listed on this application, certifying the hours in electrical construction work. Applicant CANNOT certify his/her own electrical hours. If applicant is self-employed do not use this form: Sign both sections under Section 4. Affidavit of Applicant / Owner President.

**WORK AFFIDAVIT**

**TYPED OR PRINTED NEATLY**

On this __________ day of __________________________ 20__________, I hereby certify that

______________________________________________________

___________________________________________

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

____________________________, was employed by ____________________________

Social Security Number Company Name

__________________________________________ in the capacity of:

Company Address, City, State, Zip Code

If employed in more than one capacity, list each Supervisory Position / Title and the period of time applicable. Dates on work affidavit must match dates listed on the Business Entity Job list.

Supervisory Position/Title __________________________ from the __________ day of ____________, ______ through the __________ day of ____________, ______. Total hours worked __________________________

Supervisory Position/Title __________________________ from the __________ day of ____________, ______ through the __________ day of ____________, ______. Total hours worked __________________________

Total Time Worked __________________________

I certify that the above statements are true and correct according to the Company Records and/or my personal knowledge.

This __________ day of __________________________ 20__________

______________________________________________________

Name (PLEASE PRINT)

______________________________________________________

Signature

____________________________

Company

____________________________

LIC # or Title

(____) ___________________(____) ___________________

Phone Fax

Email: _____________________________________________

__________________________________________

NOTARY

My Commission Expires __________________________

(Seal)
FOR BOARD USE ONLY

DATE APPLICATION REVIEWED: ________________________

BOARD MEMBER ONE

APPROVED FOR EXAMINATION: _____ YES _____ NO

BOARD MEMBER’S INITIAL _____

DISAPPROVED FOR EXAMINATION DUE TO: ____________________________


BOARD MEMBER TWO

APPROVED FOR EXAMINATION: _____ YES _____ NO

BOARD MEMBER’S INITIAL _____

DISAPPROVED FOR EXAMINATION DUE TO: ____________________________


APPROVED / DENIED FOR RECIPROCITY _____ YES _____ NO

EXECUTIVE SECRETARY ____________________________

STATE: ________________________ DATE: ________________________
IF YOU WOULD LIKE TO RECEIVE NOTIFICATION THAT YOUR APPLICATION HAS BEEN RECEIVED, SUBMIT THIS PAGE WITH YOUR APPLICATION AND A SELF ADDRESSED RETURN ENVELOPE.

APPLICANTS APPLYING BY RECIPROCITY AGREEMENT—THIS FORM DOES NOT APPLY TO YOU.

(Fill in the applicant name and company below)

Applicant / Company: ____________________________

ALECB Date Stamp:

Dear Applicant:

YOUR APPLICATION HAS BEEN RECEIVED BY THE ALABAMA ELECTRICAL CONTRACTORS BOARD ON THE DATE STAMPED ABOVE.

YOU WILL NEED TO REFER TO THE BOARD’S APPLICATION DEADLINE AND MEETING CALENDAR IN ORDER TO KNOW WHEN THE APPLICATION WILL BE REVIEWED FOR APPROVAL TO TAKE THE EXAMINATION. IF THIS LETTER IS RETURNED TO YOU THE BOARD’S STAFF HAS REVIEWED THE APPLICATION AND CONSIDERS IT TO BE COMPLETE. (NOTE: Board’s STAFF DOES NOT EVALUATE OR APPROVE APPLICATIONS FOR EXAMINATION. THE BOARD MUST REVIEW ALL APPLICATIONS IN ORDER FOR THEM TO BE APPROVED.

If the application is not considered to be complete by the Board's staff, you will receive your application along with written instructions on what is needed to complete the application.
CITIZENSHIP OR LAWFUL PRESENCE

This supplement to the Application form is to be completed in compliance with Ala. Code §§ 31-13-7 and 34-4-21(b) (1975 as amended).

This section must be completed by the individual Applicant, or, if the Applicant is a business entity engaging in the business of Electrical Contracting in the State of Alabama, as defined in Ala. Code § 34-4-1, et seq.,

1) Are you a citizen of the United States?

___ Yes  ____ No  If “yes” please read the declaration below, sign and provide the requested Proof of citizenship.
If “no,” see question 2 below.

YOU MUST PROVIDE PROOF OF CITIZENSHIP BY SUBMITTING A COPY OF ONE OF THE FORMS OF IDENTIFICATION INCLUDED ON THE ATTACHED LIST WITH YOUR APPLICATION.

I hereby declare that I am a citizen of the United States of America. I sign this declaration under penalty of perjury; making a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

________________________________
Signature

________________________________
Date

2) If you are not a citizen of the United States, are you an alien who is lawfully present in the United States of America?

_____ Yes  ____ No  If “yes” please read the declaration below, sign and provide the requested Proof of lawful presence.

YOU MUST PROVIDE PROOF OF LAWFUL PRESENCE IN THE UNITED STATES BY SUBMITTING A COPY OF ONE OF THE FORMS OF IDENTIFICATION INCLUDED ON THE ATTACHED LIST WITH YOUR LICENSE APPLICATION.

I hereby declare that I am an alien lawfully present in the United States of America. I sign This declaration under penalty of perjury; making a false, fictitious, or fraudulent statement or Representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

________________________________
Signature
Date: ______________________________

PROOF OF CITIZENSHIP
Ala. Code § 31-13-29(g)
1. A driver’s license or no driver’s identification card issued by the Alabama Department of Public Safety or the equivalent governmental agency of another state within the United States, provided that the governmental agency of another state within the United States requires proof of lawful presence in the United States as a condition of issuance of the driver’s license or no driver’s identification card.

2. A birth certification indicating birth in the United States or one of its territories.

3. Pertinent pages of a United States valid or expired passport identifying the person and the person’s passport number, or the person’s United States passport.

4. United States naturalization documents on the number of certificate of naturalization.

5. Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended.

6. Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.


10. An American Indian card, with KIC classification, issued by the United States Department Of Homeland Security.

11. Final adoption decree showing the person’s name and United States birthplace.

12. An official United States military record of service showing the applicant’s place of birth in the United States.

13. An extract from a United States hospital record of birth created at the time of the person’s birth indicating the place of birth in the United States.

14. AL-Verify.

15. A valid Uniformed Services Privileges and Identification Card.

16. Any other form of identification that the Alabama Department of Revenue authorizes through Administrative rule promulgated pursuant to the Alabama Administrative Procedure Act, to be used to demonstrate or confirm a person’s United States citizenship or lawful presence in the United States, provided that the identification requires proof of lawful presence in the United States as a condition of issuance.

PROOF OF LAWFUL PRESENCE OF NON-CITIZEN
Ala. Code § 31-13-3(10)
1. A valid, unexpired Alabama driver’s license.

2. A valid, unexpired Alabama no driver’s identification card.

3. A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier.

4. Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, if issued by an entity that requires proof of lawful presence in the United States before issuance.

5. A foreign passport with an unexpired United States Visa and a corresponding stamp or Notation by the United States Department of Homeland Security indicating the bearer’s admission to the United States.

6. A foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay annotation or an I-94W form by the United States Department of Homeland Security indicating the bearer’s admission to the United States.