



VERMONT DEPARTMENT OF PUBLIC SAFETY  
**DIVISION OF FIRE SAFETY**  
Office of the State Fire Marshal, State Fire Academy and State HAZMAT Team  
[www.firesafety.vermont.gov](http://www.firesafety.vermont.gov)



## ELECTRICIANS' LICENSE APPLICATION INSTRUCTIONS

**\*Applications must be completed in blue or black ink and only original copies will be accepted. Anything incomplete, illegible or containing whiteout will be returned and will delay the application process.\***

### Section 1: Application Type and Fees

- **Master** – \$150.00 3 year license fee.
  - If **Reciprocal**, Maine or New Hampshire check which state and be sure to include a certified letter from reciprocating state, Photocopy of license is NOT acceptable form of proof.
  - If **Reciprocal universal license** list which state, be sure to include a certified letter from issuing state (Photocopy of license is NOT acceptable form of proof) and include proof of any schooling required to obtain that license.
  - If **Reciprocal Military License** you must submit a copy of your DD-214 showing proof or Honorable discharge from Military no more than 2 years prior to submitting a Copy of 12R Course completion or equivalent, and 12000 hours of experience.
  - If applying after holding a **Vermont Electrical Journeyman license for 2 years**, submit completed application with a copy of your qualifying Vermont Electrical Journeyman license.
  - If none of the above applies submit proof of **16,000 hrs of experience through signed Employer affidavit** form
- **Journeyman** – \$115.00 3 year license fee.
  - If **Reciprocal**, Maine or New Hampshire check which state and be sure to include a certified letter from reciprocating state, Photocopy of license is NOT acceptable form of proof.
  - If **Reciprocal universal license** list which state, be sure to include a certified letter from issuing state (Photocopy of license is NOT acceptable form of proof) and include proof of any schooling required to obtain that license.
  - If you have completed the **Vermont Apprenticeship Program** (within the past 2 years) please include a copy of your completion certificate – affidavits not required for this submission.
  - If **Reciprocal Military License** you must submit a copy of your DD-214 showing proof or Honorable discharge from Military no more than 2 years prior to submitting and Copy of 12R Course completion or equivalent and 8000 hours of experience.
  - If none of the above applies submit **proof of 12,000 hrs of experience through signed Employer affidavit** forms.
- **Specialist** – \$115.00 (per field) 3 year license fee.
  - Submit proof of **completion of recognized training program PLUS one year** (2,000 hrs) experience through signed affidavits for each specialty applying for.
  - If no formal training program has been completed, proof of **2 years (4,000 hrs) experience through signed affidavits** for each specialty applying for.

### Section 2: Applicant Information

- Legal Name – As it appears on your Driver's license or other legal form of identification. NO NICKNAMES/ABBREVIATIONS.
- Date of Birth: Please use format - MM/DD/YY
- Social Security Number: REQUIRED on all applications.
- Mailing Address: Please specify address where you can receive year round mail to include licenses, renewal notices, and additional notices from the Division of Fire Safety.
- Email address: REQUIRED on all applications.

***\*It is the responsibility of the applicant/licensee to notify the Division of Fire Safety if there is a change in address.\****

### Section 3: Employment Information, &

### Section 4: References to qualifications, &

### Section 5: Education Information, &

### Section 6: Experience Information

- Please complete all information requested in its entirety.

### Section 7: Affidavit of Applicant

- All applications MUST be signed AND notarized in order to be accepted. Notary seal only required for oaths taken outside of Vermont. You may also bring your unsigned application, and photo Identification to the Division of Fire Safety's Central Office to have it notarized.

### Section 8: Division Contact Information

- Please call or e-mail with any questions you have.
- Remember if the application is not correct or complete it will be returned for completion and delay the process.
- All applications are required to be postmarked or dropped off at the Division of Fire Safety's Central Office **TWO WEEKS PRIOR** to the board meeting date otherwise it will be put on a future agenda.

### Section 9: Compliance Questions

- All four questions must be answered and page must be signed and dated at the bottom. These questions relate to State of Vermont obligations ONLY.

### Section 10: Employer Affidavit of Experience

- Applicant must complete name and address information at the top then this page can be reproduced and mailed/e-mailed/faxed to employers for their completion. HOWEVER, once completed by employer the completed signed **ORIGINAL** must be mailed back to applicant to be included with remainder of application for submission to the Division of Fire Safety.



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## ELECTRICIANS' LICENSE APPLICATION

### ALL CLASSIFICATIONS

We are required by the state of Vermont to have these forms filled out for our records each time you apply for a Commission, License or Certification.

**Be aware that if the information that is requested is not filled out completely  
it could be returned to you and delay the process.**

### SECTION 1: APPLICATION TYPE AND FEES (please make all checks out to the Division of Fire Safety)

<input type="checkbox"/> <b>Initial Application</b>	<input type="checkbox"/> <b>Reinstatement Request</b>	<input type="checkbox"/> <b>Additional Testing Request</b>
<input type="checkbox"/> <b>Master</b> \$150.00	<input type="checkbox"/> <b>Type S</b> (check category below) \$ 115.00 per field	
<input type="checkbox"/> <b>Journeyman</b> \$115.00	<input type="checkbox"/> A1- Automatic gas/oil heating <input type="checkbox"/> B2- Outdoor advertising <input type="checkbox"/> C3- Refrigeration or air conditioning <input type="checkbox"/> D4- Appliance and motor repairs <input type="checkbox"/> E5- Well pumps <input type="checkbox"/> F6- Farm equipment	
<input type="checkbox"/> <b>Reciprocal license</b> <input type="checkbox"/> New Hampshire or <input type="checkbox"/> Maine (include a certified statement from reciprocating state)	<input type="checkbox"/> G7c- Commercial fire alarm <input type="checkbox"/> G7g- Gas pumps/bulk plants <input type="checkbox"/> G7k- Electrical locksmith <input type="checkbox"/> G7l- Lightning rod installations <input type="checkbox"/> G7s- Solar panels	
<input type="checkbox"/> <b>Universal license</b> <input type="checkbox"/> Journeyman or <input type="checkbox"/> Master (Reciprocating a license from any other state, see section 6 )	<b>If Universal: Please list Which state you are reciprocating from:</b>	
<input type="checkbox"/> <b>Reciprocal Military license</b> <input type="checkbox"/> Journeyman or <input type="checkbox"/> Master (Reciprocating Military Experience, see section 5 )	<b>Are you a Veteran</b> (must include a copy of DD-214 and 12R Certification) <input type="checkbox"/> Yes <input type="checkbox"/> No	

### SECTION 2: APPLICANT INFORMATION

Full Legal Name: Last, First, Middle	Social Security Number:	Date of Birth:	Gender:
Mailing Address: Number/Street or P.O. Box	City:	State:	ZIP Code:
Physical Address: Number/Street Only - <b>NO</b> P.O. Boxes	City:	State:	ZIP Code:
Cell Phone Number:	Home Phone Number:		
Electronic Mail Address (E-Mail):			

### SECTION 3: EMPLOYMENT INFORMATION

Employer Name and Address:	Contact Name and Phone Number:
Duties as employee:	Employment Dates (mm/yyyy-mm/yyyy):
Employer Name and Address:	Contact Name and Phone Number:
Duties as employee:	Employment Dates (mm/yyyy-mm/yyyy):
Employer Name and Address:	Contact Name and Phone Number:
Duties as employee:	Employment Dates (mm/yyyy-mm/yyyy):



## SECTION 4: REFERENCES TO QUALIFICATIONS

Applicant will give the name and address of **not fewer** than three persons, unrelated to applicant, having knowledge of the applicant's electrical background

	Name	Address	Telephone Number
1			
2			
3			
4			

## SECTION 5: EDUCATION INFORMATION

	Name and Location:	Dates Attended:	Diploma:
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO
College			<input type="checkbox"/> YES <input type="checkbox"/> NO
Trade School			<input type="checkbox"/> YES <input type="checkbox"/> NO
Military			<input type="checkbox"/> YES <input type="checkbox"/> NO
Other (Specify)			<input type="checkbox"/> YES <input type="checkbox"/> NO

## SECTION 6: EXPERIENCE INFORMATION

If you currently hold a valid license in another state please attach Certified letter from issuing state, a photocopy of each license and include documentation on what the requirements were to obtain that license.

If you have ever applied for a VT license before please indicate when: _____			
Time Served as an Apprentice:	Yrs.	Mos.	
Time Served as a Journeyman:	Yrs.	Mos.	License #
Time Served as a Master:	Yrs.	Mos.	License #
Time Served Other (please specify):	Yrs.	Mos.	

## SECTION 7: AFFIDAVIT OF APPLICANT

**All applications MUST be notarized**

*I hereby certify that this application contains no willful misrepresentation or falsifications, and that the information given by me is true and complete to the best of my ability.*

Applicants Name (Printed)	Applicants Signature:	Date:
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Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Public Signature: \_\_\_\_\_ My Commission Expires \_\_\_\_\_

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

## SECTION 8: CONTACT INFORMATION

**Questions:** Please contact the Licensing Specialist @ (802) 479-7564 or [DPS.DFSLicensing@vermont.gov](mailto:DPS.DFSLicensing@vermont.gov)

**Applications should be mailed to:**

Division of Fire Safety, Central Office, Licensing Division, 45 State Drive, Waterbury, VT 05671-8200

## SECTION 9: Compliance Questions

### Applicant's Statement Regarding: Child Support, Taxes, Unemployment Compensation, Fines & Penalties

**Child Support** [15 V.S.A. § 795] - You must check one of the statements below regarding child support:

- ☐ I do not have any children, OR  
☐ I do not owe any child support, OR  
☐ I do owe child support, but am under a plan with the Office of Child Support to pay all child support due

This certification is in regards to any children residing in Vermont, and where the license/certificate holder is a resident of Vermont, to any children residing in any other state or territory of the United States. For assistance contact the Office of Child Support, 103 South Main Street, Waterbury, VT 05676 [(802) 241-2180]

**Taxes** [32 V.S.A. § 3113] - You must check one of the statements below regarding taxes.

- ☐ All tax returns have been filed. I do not owe any taxes, OR  
☐ I owe taxes but am under a plan with the Department of Taxes to pay all taxes due, or the tax payments are under appeal

To determine status of a payment plan or appeal, or for assistance, contact the supervisor of tax collections [(802) 828-6809]

**Unemployment Compensation** [21 V.S.A. § 1378] - You must check one of the statements below regarding unemployment contributions or payments in lieu of unemployment contributions.

- ☐ I am not now, nor have I ever been, an employer; OR  
☐ I do not owe any unemployment compensation, OR  
☐ I owe unemployment compensation but am under a plan with the Unemployment Division to pay any and all unemployment compensation due

To determine status of a payment plan, or for assistance, contact the department of labor [(802) 828-4254]

**Fine or Penalty** [4 V.S.A. § 1110] – You must check one of the statements below regarding a fine or penalty issued by the judicial bureau or district court.

- ☐ I am not under any obligation to pay a fine or penalty due to any unpaid judgment issued by the judicial bureau or district court, OR  
☐ I am under such an obligation and am in good standing with respect to the obligation because 60 days or fewer have elapsed since the date a judgment was issued, or due to a repayment plan approved by the judiciary

For assistance contact the Office of Court Administrator, 109 State Street, Montpelier, VT 05609-0701 [(802) 828-3278]

### Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure/certification or renewal. (The maximum penalty for perjury is 15 years in prison and/or a \$10,000 fine. 13 VSA § 2901)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYER AFFIDAVIT OF EXPERIENCE

*This page may be reproduced if additional employment verification is necessary.*

*If applying for a **reciprocal license** this page can be replaced with a certified statement of licensure from either New Hampshire or Maine **Or** for Military Reciprocal licensure please attach DD-214 and R-12 or Equivalent*

Full Legal Name: Last, First, Middle		Date of Birth:	Telephone Number:	
Mailing Address: Number/Street or P.O. Box		City	State	ZIP Code
<b>~Shaded area below MUST be completed by the certifier in its entirety~</b>				
Employer Name and Address:		Employment Dates( mm/yyyy-mm/yyyy):		
Contact Name and Phone Number:		Total Hours of Experience:		
IN THE SPACE BELOW, LIST ALL SPECIFIC TRADE DUTIES APPLICANT PERFORMED OR SUPERVISED IN THE CLASSIFICATION FOR WHICH HE/SHE IS APPLYING.				
Date:		Signature:		Printed Name:
<b>My relationship to applicant is:</b>				
Employer		Fellow Employee		Foreman or Supervisor
Union Representative		Client - (if applicant is self- employed)		Other:
Company Name:		License Number:		Position:
Phone Number:		Facsimile Number:		Electronic Mail Address: