



**RETURN COMPLETED FORM TO**  
**CECIL COUNTY BOARD OF ELECTRICAL EXAMINERS**  
 200 CHESAPEAKE BLVD., SUITE 2200  
 ELKTON, MARYLAND, 21921  
 410-996-8485 OR 410-996-5235  
 email:jdisabatino@ccgov.org

*Additional copies of form can be made  
 if needed or printed from our website*

**VERIFICATION OF EMPLOYMENT FORM HVAC TEST APPLICANT**

**TO BE COMPLETED BY APPLICANT:**

APPLICANTS NAME:     
LAST NAME. INCLUDE JR., III, ETC. IF APPLICABLE      FIRST NAME      Middle Name (If None enter NMN)

HOME ADDRESS:      
NUMBER/STREET      CITY      STATE      ZIP CODE

EMPLOYER (COMPANY'S NAME):

EMPLOYERS ADDRESS:      
NUMBER/STREET      CITY      STATE      ZIP CODE

**THIS SECTION TO BE COMPLETED BY THE LICENSED ELECTRICIAN**  
**PLEASE PRINT**  
**ONE FORM FOR EACH EMPLOYER**

THE ABOVE INDIVIDUAL WOULD LIKE TO APPLY TO TAKE THE MARYLAND HVAC ELECTRICIANS EXAMINATION IN CECIL COUNTY. FOR THIS INDIVIDUAL TO BE CONSIDERED THE FOLLOWING INFORMATION IS NEEDED. THIS PORTION OF THE FORM MUST BE COMPLETED AND SIGNED BY THE LICENSED MASTER OR HVAC ELECTRICIAN OF THE COMPANY IN WHICH HE/SHE WAS EMPLOYED.

EMPLOYMENT DATES - MONTH /DAY/YEAR

APPRENTICE FROM: \_\_\_\_\_ To: \_\_\_\_\_  
 TOTAL HOURS WORKED: \_\_\_\_\_  
 DUTIES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

JOURNEYMAN FROM: \_\_\_\_\_ To: \_\_\_\_\_  
 TOTAL HOURS WORKED \_\_\_\_\_  
 TITLE/DUTIES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ADDITIONAL FROM: \_\_\_\_\_ To: \_\_\_\_\_  
 TOTAL HOURS WORKED \_\_\_\_\_  
 TITLE/DUTIES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LICENSED ELECTRICIAN -**  
 FULL NAME AS APPEARS ON LICENSE:   
 STATE/COUNTY WHERE HOLD LICENSE:

LICENSE NUMBER:       TYPE OF LICENSE:

DATE LICENSE ORIGINALLY ISSUED:       LICENSE EXPIRES:

**INCLUDE COPY OF MASTER/HVAC ELECTRICAL LICENSE**

I Hereby Certify Under Penalty or Perjury that the Information contained herein is true and correct.

Signature of Master: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_