



**Prince George's County**  
 Department of Permitting, Inspections  
 and Enforcement  
**PERMITTING & LICENSING DIVISION**  
**Business Licensing Center**  
 9400 Peppercorn Place, 1st Floor  
 Largo, Maryland 20774  
 301.883.3840 ♦ FAX: 301.883.3875



**APPLICATION FOR ELECTRICAL CONTRACTOR OR ELECTRICAL CONTRACTOR LIMITED AND ELECTRICAL SUB-CONTRACTOR OR ELECTRICAL SUB-CONTRACTORS LIMITED LICENSE**

The undersigned hereby makes application for an Electrical Contractor or an Electrical Contractor Limited License as defined under Subtitle 2, Division 14B of the Prince George's County Code

**Submit with Application:**

- **Fee of \$200 + 5% Technology Fee of \$10 for a total of \$210** — All fees MUST be made payable to "Prince George's County." (Fees are NON-REFUNDABLE.)
- Proof of valid Master Electrician License or Master Electrician Limited License (application required for local reciprocity)
- Copy of current State of Maryland, Construction Firm License (obtain at local courthouse through the Clerk of the Court)
- Current original Certificate of Liability Insurance (minimum of \$300,000 property damage and \$300,000 bodily injury, PI and PD combined \$600,000). Prince George's County must appear as the Certificate Holder; include complete address listed above

License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**OFFICE USE ONLY**

*Please print clearly. Failure to answer fully all of the following questions and to furnish the required supporting papers, completely executed, will be sufficient grounds for rejecting this application.*

**SECTION A — IDENTIFICATION**

Name must appear exactly the same on all supporting documents

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

**THE BUSINESS LICENSING CENTER MUST BE NOTIFIED IN WRITING OF ANY CHANGE OF ADDRESS WITHIN THREE (3) DAYS**

Business Phone #: \_\_\_\_\_ Business E-mail: \_\_\_\_\_

Business Type (check one):     Proprietorship                       Partnership                       Corporation

Where Incorporated: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Is business qualified to do business in Maryland? \_\_\_\_\_

If out-of-state business, provide name, address, telephone number and job title of local representative:  
 \_\_\_\_\_  
 \_\_\_\_\_

Federal Employee Identification Number: \_\_\_\_\_

\_\_\_\_\_  
 Name of Master Electrician or Master Electrician Limited

\_\_\_\_\_  
 Reciprocal License Number



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**SECTION D — MASTER ELECTRICIAN OR MASTER ELECTRICIAN LIMITED**

*Please print clearly. The following must be completed by the Master Electrician or Master Electrician Limited who is principally employed by and represents your firm.*

Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
*Street City State ZIP*

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

How many years have you had your Master Electrician Limited License in Prince George's County? \_\_\_\_\_

Have you ever failed to correct electrical defects within thirty (30) days? \_\_\_\_\_

If "Yes," give details: \_\_\_\_\_

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Have you ever obtained an Electrical Permit for a firm other than the one for whom you are currently employed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT I WILL BE EMPLOYED BY \_\_\_\_\_  
*Firm Name*

AND I WILL SUPERVISE AND PERSONALLY BE RESPONSIBLE FOR ALL ELECTRICAL WORK PERFORMED BY \_\_\_\_\_  
Printed Name of Master Electrician/Master Electrician Limited

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Master Electrician/Master Electrician Limited

