



State of Alabama
The Alabama Board of Electrical Contractors
2777 Zelda Road
Montgomery, AL 36106
(334)-420-7232
Fax (334) 263-6115
www.aecb.alabama.gov

**ELECTRICAL CONTRACTOR APPLICATION INFORMATION AND INSTRUCTIONS
BY EXAMINATION OR RECIPROCITY AGREEMENT**

- 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 web site) 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)**

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 By Waiver / 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 .



THE ALABAMA ELECTRICAL CONTRACTORS BOARD

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ELECTRICAL CONTRACTORS LICENSE BY EXAMINATION / BY
WAIVER RECIPROCITY AGREEMENT

APPLICATION FOR:

Select one: ___ Electrical Contractor by Examination
___ Electrical Contractor by Reciprocity
___ Other

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

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: _____

2. APPLICANT INFORMATION

This is the individual that is applying for licensure by exam or waiver.

Applicant Name: _____
(LAST) (FIRST) (MIDDLE)

SSN# _____ DOB ____ - ____ - ____

Home Address: _____
(Street) (City) (State) (Zip)

Home Telephone #: (_____) _____ Cellular: (_____) _____

3. BACKGROUND INFORMATION OF APPLICANT

Attach documents and/or a 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 an 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 a license in electrical work? _____ YES _____ NO
- * Have you ever been arrested, charged, indicted or convicted or fined for violation of any federal, state, county or municipality (other than a minor traffic violation)? _____ YES _____ NO
- * Are you currently or have you ever been licensed or registered in the profession in any federal or state jurisdiction? _____ YES _____ NO

4. AFFIDAVIT OF APPLICANT/ OWNER PRESIDENT:

I, the applicant listed on this application, am a full-time employee in a responsible management position with the applicant requesting this license. **I, the applicant,** and **I the owner / president** affirm that all statements contained herein are true and correct to the best of our knowledge. **We** further understand that false or incorrect information provided by either of us may result in the cancellation or denial of license issued pursuant to this application and may be subject to civil and criminal proceedings. **We** agree that all information in this application can be verified and investigated. **We** have read, and are familiar with the Alabama code of Laws Act regulating contracting and hereby agree to abide by such laws.

Signature of Applicant Title Date

Signature of Owner / President Title Date

Sworn and Subscribed before me this _____ day of _____

Notary Public My Commission Expires _____

State of _____ County of _____

*****Note: MUST BE SIGNED & NOTARIZED OR APPLICATION WILL BE RETURNED.**

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 HOURS EXPERIENCE.
(IF CLAIMING EDUCATION YOU MUST LIST HERE AND ENCLOSE PROOF OF EDUCATION)

NAME OF BUSINESS APPLYING: _____

APPLICANT: _____

	NAME AND BRIEF DESCRIPTION (Description to show you supervised job) OF JOB THAT YOU SUPERVISED	TOTAL PROJECT HOURS	LOCATION OF JOB CITY/STATE
A. JOB START DATE (Mo/Yr)			
B. JOB COMPLETION DATE (Mo/Yr)			
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B. JOB COMPLETION DATE (Mo/Yr)			

NOTE: If you require additional space, photo copy this page and attach additional pages to application.

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 WAIVER / 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.

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 DIRECTOR _____

STATE: _____ **DATE:** _____

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