

**Board of County  
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**Department of  
Public Works**

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**2025-2027 Electrical Registration Application**

**PLEASE PRINT ALL INFORMATION**

Carroll County Registration #		MD State Lic.#	Expires:
Type of Registration: (Please check the appropriate box)			
<input type="checkbox"/>	Master Electrician - *General	Inactive: <input type="checkbox"/>	Check if inactive
<input type="checkbox"/>	Master Electrician - Restricted - Category _____		
<input type="checkbox"/>	Master Electrician - Limited		
Full Name:			
(First)	(Middle)	(Last)	(Sr., Jr., III, etc)
Company Name: *Must match State of Maryland for Master General Applicants			
Mailing Address: *Must match State of Maryland for Master General Applicants			
(Street Address and/or P.O. Box)		(Town)	(State) (Zip)
Email Address:			
Company Phone #:		Company Fax #:	
Cell Phone #:		Home Phone #:	
<b>*Is this a new company name since your last Carroll County renewal or application?</b> _____ Please Note: Licensee can only sign permits for himself/herself or company, not both, in Carroll County; the licensee can only be self-employed or be employed by 1 electrical company, not both at the same time for the purpose of securing permits, whenever the licensee has at least 1 electrical permit outstanding in Carroll County.			
<b>THE FOLLOWING SECTION IS TO BE COMPLETED BY THE LICENSEE.</b>			
I, _____, solemnly affirm under the penalties of perjury, that I will uphold the Carroll County Electrical Ordinance. I understand that I can not sign permits for more than one company or individual. I can not allow any unlicensed person (unless employed by my company and under my direct supervision) to do electrical wiring under the authority of my registration. I understand that I am responsible for having all permits under my registration finalized before the permit will be cleared from my registration. I understand that a violation of these requirements could result in suspension or revocation of my registration.			
<b>*Mechanic's Signature:</b> _____			
IMPORTANT *MUST BE ORIGINAL SIGNATURE OF LICENSEE*			
<b>Mechanic's Printed Name:</b> _____			
For Office Use Only			
Master General: \$70.00 Limited: \$70.00 Restricted: \$60.00 Inactive: 1/2 Fee Make Checks Payable to Carroll County Commissioners			
Date Rec'd _____ Amount Paid _____ Receipt # _____ Initials _____			