Commonwealth of Kentucky
Public Protection Cabinet
Department of Housing, Buildings and Construction
Division of Building Codes Enforcement
Electrical Licensing
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5405
Telephone: 502 573-2002 – Fax 502 573-1598

ELECTRICAL LICENSE APPLICATION

DESIGNATE THE TYPE OF LICENSE YOU ARE APPLYING FOR:

Master ☐ **Electrician** ☐

Last Name:	First Name:		Middle Initial:		Gender:	
Address (Street, Box, Route):	City:	State:	Zip Code:	County:	Age:	Date of Birth:
Telephone Number including Area Code:	E-mail Address		Social Security Number:			

Work Experience: (KRS 227A.060(2)(b) or (3)(b) and 815 KAR 35:060(2)(j)

You must provide documentation or verification of work experience (i.e. official tax documents, copies of business licenses, sworn affidavits attesting to your experience). If two (2) years of education is is being submitted in place of work experience-verification of a completed training course or apprenticeship in electrical work acceptable to this office (i.e. diploma or certificate of completion) shall be submitted with the completed application.

Pursuant to KRS 339.230 and 29 CFR 570, individuals under the age of 16 cannot work in the electrical field and work experience prior to the age of 16 **cannot be counted** toward experience requirements.

Other Documentation:

The following information must be submitted with this application:

- Passport-sized color photograph
- Test results
- Document verifying age (birth certificate, driver's license, etc.)

THIS SECTION MUST BE INITIALED:

_____(Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Assistance Authority). I understand that if I am in default of any student loans backed by the KHEAA, I cannot receive a Kentucky Electrical License at this time.

_____(Initial) I confirm that all information contained in and submitted with this application is current and true to the best of my knowledge.

Date: Signature of Applicant:

****REMINDERS****

1. Check your application. **Incomplete applications will be returned**.
2. Include the application fee with checks made payable to Kentucky State Treasurer. If the fee is not included, the application will not be processed and will be returned. **Fees are nonrefundable.** Cash and credit card information cannot be accepted by mail.

For Office Use Only **Application: Denied** ☐ **Application: Approved** ☐

Application Approved or Denied by:_____ **Date**_____

Signature

Kentucky UNBRIDLED SPIRIT

DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5405

Master and Electrician License Application Instructions

AN APPLICATION WILL NOT BE CONSIDERED COMPLETE AND WILL NOT BE PROCESSED UNTIL ALL REQUIRED ITEMS HAVE BEEN SUBMITTED.

General Instructions

The application must be completed and signed by the applicant. All information must be typed or clearly printed in black ink using upper case letters. The application and all attachments must be submitted on separate sheets of 8-1/2 x 11 plain paper. Please use a paper clip to fasten all pages together with the payment document on top.

License Type – Enter Master or Electrician. According to state law, an **Electrician** means any person licensed by the office who is employed by an electrical contractor and is engaged in the construction, alteration, or repair of any electrical wiring used for the purpose of furnishing heat, light, or power. A **Master** electrician means any individual licensed to assume responsible charge, supervision, or direction of an electrician engaged in the construction, installation, alteration, or repair of electrical wiring used to furnish heat, light, or power. A master electrician can only be associated with one contractor. If they become disassociated they must contact the department immediately as they will still be responsible for work performed under the contractor until the office is notified.

Applicant Name – Please print your name in the spaces provided (last, first, middle initial)
Gender - Indicate gender, male or female.
Mailing Address – This is the address to which the office will mail your correspondence. Indicate your number and street, or post office mailing address.
Age – Age of applicant at application date.
Birth Date – Applicant's date of birth.

Telephone Number – Provide the area code and telephone of the contact person.
E-mail address – Provide the e-mail address of the contact person.
Social Security Number – The SSN of the applicant.

Work Experience – Read this section very carefully and provide documentation of your work experience.
Other Documentation – All documents named must be provided. An incomplete application will be returned to you unprocessed.

Declarations – Please initial as appropriate.

Date and Signature – To be signed and dated when submitted.