



PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
 ELECTRICAL DIVISION
 ELECTRICAL LICENSING
 101 SEA HERO ROAD, SUITE 100
 FRANKFORT, KENTUCKY 40601-5412
 TELEPHONE: (502) 573-2002
 FAX: (502) 573-1598
 WEB SITE: WWW.DHBC.KY.GOV

ELECTRICAL LICENSE RENEWAL APPLICATION

Please check and enter the license number you wish to renew:

___ Contractor CE _____
 ___ Master ME _____
 ___ Electrician EE _____

Last Name: _____ First Name: _____ Middle Initial: ___ D.O.B. _____
 Street: _____ City: _____ State: _____ Zip Code: _____
 County: _____ Telephone: () _____ Email Address: _____
 SS # _____
 Business Name (CE) _____ Federal ID (business) _____

RENEWAL FEES (All fees are non-refundable)

ACTIVE	INACTIVE	LATE FEE*	REINSTATEMENT FEE** In addition to renewal fee
CE \$200	CE \$100	CE \$50	CE \$200
ME \$100	ME \$ 50	ME \$50	ME \$100
EE \$ 50	EE \$ 25	EE \$50	EE \$ 50

Include the renewal application with a check or money order payable to the Kentucky State Treasurer.

*You will be responsible for a \$50 late fee in addition to your annual renewal fee if you do not renew your license prior to the last day of your expiration date.

**Failure to renew your license within the 60 day grace period will result in TERMINATION of your license. After termination you may, within three (3) years, without having to take an examination, reinstate your license by paying a reinstatement and renewal fee. You must also complete six (6) hours of continuing education within the twelve month period preceding reinstatement of your license.

BCE-EL-5
 Revised, August, 2009

(CONTINUED ON BACK)



Continuing Education

Applicants for renewal must submit proof of six (6) hours of continuing education for each license. Continuing education hours must be earned in the eleven months preceding your birth month or the month in which your license is due to renew.

Insurance

Contractors must submit an Insurance Certificate indicating at least \$500,000 of liability insurance by an authorized Kentucky insurer and proof of compliance with Kentucky's workers' compensation coverage with an approved insurance provider with the Kentucky Department of Insurance. The Certificate Holder on the policy must be listed as follows: Department of Housing, Buildings and Construction, Electrical Licensing Section, 101 Sea Hero Road, Suite 100, Frankfort, Kentucky 40601.

Certification

_____ (initial) I am not in default of any student loan backed by the Kentucky Higher Education Assistance Authority (KHEAA). I understand that if I am in default of any student loans backed by the KHEAA, a Kentucky Electrical License will not be issued.

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

DATE _____ Signature of Applicant _____