

**CITY OF PORT JERVIS, NEW YORK  
BUILDING DEPARTMENT  
14-20 HAMMOND STREET  
P.O. BOX 1002  
PORT JERVIS, NEW YORK 12771**

**TELEPHONE (845) 858-4080**

**FAX (845) 856-6913**

**RULES AND REGULATIONS FOR THE CONDUCT OF EXAMINATION FOR ELECTRICIAN'S**

**SECTION 1.)**

**IN ORDER TO BE ELIGIBLE TO TAKE AN EXAMINATION, THE CANDIDATE FOR A MASTER ELECTRICIAN'S LICENSE MUST SUPPLY SATISFACTORY PROOF (COPIES OF W-2'S, PAYCHECK STUB, ETC) TO THE BOARD OF ELECTRICAL EXAMINERS OF ONE OF THE FOLLOWING:**

- A) FIVE YEARS APPRENTICESHIP UNDER A DULY QUALIFIED ELECTRICIAN: OR**
- B) TWO YEARS IN AN ACCEPTED ELECTRICAL TRADE SCHOOL OR THE EQUIVALENT AND TWO YEARS AS AN APPRENTICE UNDER A DULY QUALIFIED ELECTRICIAN; OR**
- C) A CERTIFICATE BY A SERVICE-CONNECTED TRADE SCHOOL FOR ELECTRICIANS, PLUS A MINIMUM OF TWO YEARS OR MORE AS AN APPRENTICE UNDER A DULY QUALIFIED ELECTRICIAN OR SUCH LENGTH OF TIME AS AN APPRENTICE AS MAY BE DETERMINED BY THE BOARD.**

**SECTION 2.)**

**APPLICANTS SHALL SECURE AN APPLICATION FROM THE BUILDING OFFICIAL'S OFFICE. UPON PAYMENT OF \$300.00 EXAMINATION FEE, THE APPLICANT WILL BE REVIEWED AT THE NEXT REGULAR MONTHLY MEETING OF THE BOARD OF ELECTRICAL EXAMINERS, WHICH MEETS THE FIRST WEDNESDAY OF EACH MONTH. ONCE THE BOARD HAS APPROVED THE APPLICANT TO TAKE THE EXAMINATION, THE APPLICANT WILL BE NOTIFIED OF SAME AND A CONVENIENT EXAMINATION DATE WILL BE ARRANGED.**

**SECTION 3.)**

**THE EXAMINATION IS AN OPEN BOOK TEST, AND THE APPLICANT SHOULD BRING THE CURRENT NATIONAL ELECTRIC CODE BOOK WITH HIM FOR THE EXAMINATION. IT IS ALSO PERMISSIBLE TO BRING A CALCULATOR TO THE EXAM AS AN AID IN FIGURING ANY COMPUTATIONS.**

**SECTION 4.)**

**THE APPLICANT WILL BE NOTIFIED AS TO THE RESULTS OF THE EXAMINATION WITHIN TEN DAYS AFTER REVIEW OF THE BOARD OF ELECTRICAL EXAMINERS AT THEIR REGULAR SCHEDULED MEETING.**

**NOTE:**

**IN ORDER TO PERFORM WORK IN THE CITY OF PORT JERVIS, YOU MUST ALSO PROVIDE THIS OFFICE WITH PROOF OF AN ORANGE COUNTY, NEW YORK ELECTRICAL LICENSE.**

**REVISED APRIL, 2009**

**FOR BOARD USE ONLY**

DATE APPLICATION RECEIVED \_\_\_\_\_

DATE FEE RECEIVED \_\_\_\_\_

APPLICATION FEE \$300.00 \_\_\_\_\_

INTERVIEW DATE \_\_\_\_\_

FIRST EXAM \_\_\_\_\_ %ISSUED \_\_\_\_\_

SECOND EXAM \_\_\_\_\_ %ISSUED \_\_\_\_\_

LICENSE NO. ISSUED \_\_\_\_\_

DATE LICENSE ISSUED \_\_\_\_\_

PLACE A 1 ½" X 1 ½" "  
PHOTOGRAPH  
TAKEN WITHIN  
THIRTY (30) DAYS OF  
DATE OF  
APPLICATION HERE

**FOR BOARD USE ONLY**

THE BOARD OF ELECTRICAL EXAMINERS HEREBY GRANTS OR DENIES THE LICENSE APPLIED FOR IN THIS APPLICATION.

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ELECTRICAL BOARD CHAIRMAN

**APPLICATION FOR A MASTER ELECTRICIAN'S LICENSE  
CITY OF PORT JERVIS, NEW YORK**

LICENSE APPLIED FOR: CLASS "A" \_\_\_\_\_ CLASS "B" \_\_\_\_\_ CLASS "C" \_\_\_\_\_ SPECIAL \_\_\_\_\_

**FOR INDIVIDUAL:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

**FOR CORPORATE OR ASSUMED NAME:**

CORPORATE OR ASSUMED NAME: \_\_\_\_\_

PRINCIPLE OFFICE ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP: \_\_\_\_\_

INDIVIDUAL SUPERVISOR'S NAME: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_



8) HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME? \_\_\_\_\_

A) IF YES, PLEASE  
EXPLAIN \_\_\_\_\_

9) GIVE THE NAME, ADDRESS, PHONE NO., AND OCCUPATION OF TWO PEOPLE, WHO ARE NOT RELATED TO YOU BY BLOOD OR MARRIAGE, TO WHOM THE ELECTRICAL BOARD MAY APPLY FOR INFORMATION CONCERNING THE APPLICANT.

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS AND PHONE NO.: \_\_\_\_\_

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS AND PHONE NO.: \_\_\_\_\_

10) HOW MANY YEARS OF APPRENTICESHIP DID YOU SERVE IN THE TRADE? \_\_\_\_\_

11) HOW MANY YEARS DID YOU SERVE AS A JOURNEYMAN IN THE TRADE? \_\_\_\_\_

12) HAVE YOU HAD PRACTICAL EXPERIENCE IN THE ELECTRICAL FIELD AS A SUPERVISOR, FOREMAN OR SUPERINTENDENT?

IF YES, LIST WHERE: \_\_\_\_\_

HOW MANY MEN DID YOU HAVE UNDER YOUR SUPERVISION? \_\_\_\_\_

HOW MANY APPRENTICES WERE UNDER YOUR SUPERVISION? \_\_\_\_\_

DID YOU TRAIN APPRENTICES? \_\_\_\_\_

13) ARE YOU A MEMBER OF ANY TRADE ORGANIZATION OR ASSOCIATION? \_\_\_\_\_

IF YES, PLEASE GIVE NAME: \_\_\_\_\_

DATE SIGNED \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

**INDIVIDUAL NOTARIZATION**

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ ) SS:

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 19\_\_\_\_, BEFORE ME PERSONALLY CAME \_\_\_\_\_

\_\_\_\_\_ TO ME KNOWN AND KNOWN TO ME TO BE THE INDIVIDUAL \_\_\_\_\_

DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND \_\_\_\_\_ DULY  
ACKNOWLEDGED TO ME THAT EXECUTED SAME.

\_\_\_\_\_  
NOTARY PUBLIC

**CORPORATE NOTARIZATION**

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ ) SS:

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 19\_\_\_\_, BEFORE ME PERSONALLY CAME \_\_\_\_\_

\_\_\_\_\_ SWORN DID DISPOSE AND SAY THAT HE/SHE RESIDES AT \_\_\_\_\_;

THAT HE/SHE IS THE \_\_\_\_\_, OF THE \_\_\_\_\_ THE CORPORATION  
DESCRIBED IN AND WHICH EXECUTED THE ABOVE INSTRUMENT; THAT HE/SHE KNOWS THE SEAL  
AFFIXED TO SAID BY ORDER OF THE BOARD OF DIRECTORS OF SAID CORPORATION, AND THAT  
HE/SHE SIGNED HIS/HER NAME THERETO BY LIKE ORDER.

\_\_\_\_\_  
NOTARY PUBLIC