



TEXAS DEPARTMENT OF LICENSING AND REGULATION
PO Box 12157 • Austin, Texas 78711-2157
(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871
www.tdlr.texas.gov • cs.electricians@tdlr.texas.gov

MASTER ELECTRICIAN LICENSE APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with the check or money order on top. **Do not use staples.**

1. NAME – Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
2. DATE OF BIRTH – Write your birthdate.
3. GENDER – Select whether you are male or female.
4. SOCIAL SECURITY NUMBER – Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:

www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014.

5. MAILING ADDRESS – Write your current mailing address. This is the address where we will send you mail. A post office box can be used as a mailing address. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
6. PHYSICAL ADDRESS – This is the physical location of your residence. Do not use a post office box for this address.
7. PHONE NUMBER – Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
8. EMAIL ADDRESS – Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
9. CRIMINAL HISTORY – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation.. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/MISC/lic002.pdf

If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more Information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm

10. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had an occupational license, certification, or registration suspended, revoked, or denied in any state. If you have, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf](http://www.tdlr.texas.gov/misc/Disciplinary%20Action%20Questionnaire.pdf)
11. LICENSING REQUIREMENTS - You must have held a journeyman electrician's license for at least two years. You must have at least 12,000 hours of on-the-job training under the supervision of a master electrician prior to taking the exam. When your experience has been approved, PSI will mail you a postcard with information on how to schedule your exam. The employment history portion of the application must include the full 12,000 hours. An Experience Verification Form is required for each employer and must be signed by the supervising master electrician.

12. MILITARY SERVICE MEMBERS, VETERANS AND MILITARY SPOUSES - Check this box if you intend to use military service, experience, training or education or are applying as a military spouse.
- Military Service Members or Military Veterans - Submit documentation that provides verifiable proof of your relevant military service, experience, training or education. Documents that can be submitted are your DD-214, VMET-2586, military transcripts, training records, evaluation reports or a letter from your commanding officer describing your relevant duties and training.
 - Military Spouses - Submit a completed Military Spouse Supplemental Application with this application and all other requested information. The Military Spouse Supplemental Application can be found at www.tdlr.texas.gov/misc/militaryspouse.pdf
13. STATEMENT OF APPLICANT - Carefully read the statement of applicant before you sign, and date your application.
14. EMPLOYMENT HISTORY - If you are applying for licensure by experience and exam, you will need to complete all portions of the employment history indicating your 12,000 on-the-job training hours under the supervision of a master electrician. All areas of this document must be completed.
15. EXPERIENCE VERIFICATION - An Experience Verification Form or letters on company letterhead must be completed and signed by the supervising master electrician. This form along with the Employment History portion of the application must match. Make additional copies of the Experience Verification form as needed.

If you are licensed as a master electrician by a municipal or regional licensing authority, you do not need to provide any experience with this application. Include a copy of your master electrician license issued by the municipal or regional licensing authority. You must also include the "Discontinued Municipal or Regional Licensing Program Form".

State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGS LC)** unless the licensee has entered into a repayment agreement with TGS LC. **YOU SHOULD CONTACT TGS LC BEFORE FILING THIS APPLICATION** if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGS LC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed Student Loan Corporation, PO Box 15996, Austin, Texas 78761-5996, Telephone: (800) 222-6297.**



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DO NOT WRITE ABOVE THIS LINE

You must submit this completed application to TDLR before scheduling your Texas examination. If your application is approved, we will contact the exam provider (PSI) and they will send you a postcard to schedule your Texas exam.

YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.

APPLICATION FEE: \$45 (FEE IS NON-REFUNDABLE)

1. Name:

Last First Middle Suffix

2. Date of Birth:

_____-_____-_____
Month Day Year

3. Gender:

☐ Male ☐ Female

4. Social Security Number:

(See instruction sheet for disclosure information)

5. Mailing Address: (PO box can be used for this address)

Number, Street Name, Suite Number/Apartment Number

City State Zip Code

6. Physical Address: (PO box cannot be used for this address)

Number, Street Name, Suite Number/Apartment Number

City State Zip Code

7. Phone Number:

() _____
Area Code Phone Number

8. Email Address:

Email address (ex: johndoe@aol.com) (See instruction sheet for disclosure information)

9. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?

☐ Yes ☐ No

If YES, complete and attach a Criminal History Questionnaire for each offense.

See instruction sheet for more information

10. Have you ever had an occupational license, certification or registration suspended, revoked, or denied in any state?

☐ Yes ☐ No

If YES, attach a Disciplinary Action Questionnaire to this application. (This does not include your driver license.)

11. LICENSE REQUIREMENTS

a. Have you held a journeyman electrician's license? ☐ Yes ☐ No

b. How long have you held your journeyman electrician's license? Years ____ Months ____

c. Who issued your journeyman electrician's license? _____

d. What was your journeyman electrician's license number: _____

Original Issue Date: _____ Expiration Date _____

To qualify for a Master Electrician License, you must meet either A or B below:

A.

- Passed the Texas Master Electrician Exam,
- Held a journeyman license for at least two years, and
- Completed at least 12,000 hours of on-the-job training under the supervision of a master electrician or master sign electrician.

Note: Completed application must include the Experience Verification Form (or letters from previous supervisors) and the Employment History portion of the application.

OR

B.

- Held a master electrician license issued by a Texas municipality or region that has elected to discontinue issuing or renewing licenses.
- Held the municipal or regional license for the preceding year.
- Submit your application within 90 days of the date the municipality or region stops issuing or renewing licenses.

Note: The Discontinued Municipal or Regional Licensing Program Form must be completed and attached to this application.

12. MILITARY SERVICE MEMBERS, VETERANS & MILITARY SPOUSES

☐ Check this box if you intend to use military service, experience, training or education or are applying as a military spouse.

***For military service, experience, training or education**, attach to your application the supporting documentation (DD-214, military transcripts, training records, VMET 2586, evaluation reports, or a letter from your commanding officer) that verifies relevant experience, service, training or education.

***For military spouse**, attach a completed Military Spouse Supplemental Application. This application can be found at www.tdlr.texas.gov/misc/militaryspouse.pdf

13. STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable provisions of the Electrician Act; Texas Occupation Code, Chapter 1305 and Chapter 51; Texas Administrative Code, Chapter 60; and the Electricians Administrative Rules, Texas Administrative Code, Chapter 73. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

Date Signed

Signature of Applicant

14.

EMPLOYMENT HISTORY

Indicate below your employment history for each employer. You can make additional copies of this form and attach them if needed.

For each employment period, you must provide either a letter from the master electrician who supervised your on-the-job training or a completed Experience Verification Form. The Department may contact your licensed supervisor for verification.

Name: (As it appears on your original application)

Last First Middle Suffix

Social Security Number:

(See instruction sheet for disclosure information)

Employer Name:

Employer's Phone Number:

Employer's Address:

Dates of Employment:

Number, Street Name, Suite Number/Apartment Number

City State Zip Code

From: _____ **To:** _____
day/month/year day/month/year

Total Years or Hours of Experience:

Master Electrician's Name:

Master Electrician's License Number and Issuing Jurisdiction:

License Number

Issuing Jurisdiction

Describe job duties performed:

Employer Name:

Employer's Phone Number:

Employer's Address:

Dates of Employment:

Number, Street Name, Suite Number/Apartment Number

City State Zip Code

From: _____ **To:** _____
day/month/year day/month/year

Total Years or Hours of Experience:

Master Electrician's Name:

Master Electrician's License Number and Issuing Jurisdiction:

License Number

Issuing Jurisdiction

Describe job duties performed:

14. ELECTRICIAN EXPERIENCE VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY A PERSON QUALIFIED TO VERIFY ELECTRICIAN EXPERIENCE WHOM THE DEPARTMENT MAY CONTACT FOR VERIFICATION.

Applicant's Name:

Last		First		Middle Name		Suffix
Master Electrician Name:				Phone Number:		
				()		
Last		First		Area Code		Phone Number

Company Name:

Your Electrician License Information: (Copy or letter of verification required)

License Type (Master, Etc.)	License Number	Effective Date	Expiration Date
State, County, or Municipality Issuing License:		Period You Supervised Applicant:	
		Start Date (month/day/year) To End Date (month/day/year)	
Did you supervise the electrical work of the applicant during the above dates? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did the applicant hold a valid license during the dates listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If YES, what was the license type? _____	

Choose the correct type of work performed by this applicant:

<input type="checkbox"/> Installed Electrical Wiring System	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Exempt	<input type="checkbox"/> Other
<input type="checkbox"/> Maintained Electrical Wiring System	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Exempt	<input type="checkbox"/> Other
<input type="checkbox"/> Extended an Electrical Wiring System	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Exempt	<input type="checkbox"/> Other
<input type="checkbox"/> Serviced Entrance Conductors	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Exempt	<input type="checkbox"/> Other

Detailed Description of work performed:

STATEMENT OF SUPERVISOR

TEXAS LICENSED EMPLOYER STATEMENT: As a licensee of The Texas Department of Licensing and Regulation, I have only verified actual experience (number of hours and duties) that this applicant received while working under my license and general supervision. I understand that I may be subject to disciplinary action up to and including revocation of my license if I verify experience other than that which was performed while the applicant was working under my license and supervision.

BY SIGNING THIS FORM, I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.

Date Signed	Signature of Master Electrician
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APPLICATION FEE: \$45 (FEE IS NON-REFUNDABLE)

1. Name:

Last First Middle Suffix

2. Date of Birth:

_____-_____-_____
Month Day Year

3. Gender:

☐ Male ☐ Female

4. Social Security Number:

(See instruction sheet for disclosure information)

5. Mailing Address: (PO box can be used for this address)

Number, Street Name, Suite Number/Apartment Number

City State Zip Code

6. Physical Address: (PO box cannot be used for this address)

Number, Street Name, Suite Number/Apartment Number

City State Zip Code

7. Phone Number:

(_____) _____
Area Code Phone Number

8. Email Address:

Email address (ex: johndoe@aol.com) (See instruction sheet for disclosure information)

9. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?

☐ Yes ☐ No

If YES, complete and attach a Criminal History Questionnaire for each offense.

See instruction sheet for more information

10. Have you ever had an occupational license, certification or registration suspended, revoked, or denied in any state?

☐ Yes ☐ No

If YES, attach a Disciplinary Action Questionnaire to this application. (This does not include your driver license.)

11. LICENSE REQUIREMENTS

a. Have you held a journeyman electrician's license? ☐ Yes ☐ No

b. How long have you held your journeyman electrician's license? Years ____ Months ____

c. Who issued your journeyman electrician's license? _____

d. What was your journeyman electrician's license number: _____

Original Issue Date: _____ Expiration Date _____

To qualify for a Master Electrician License, you must meet either A or B below:

A.

- Passed the Texas Master Electrician Exam,
- Held a journeyman license for at least two years, and
- Completed at least 12,000 hours of on-the-job training under the supervision of a master electrician or master sign electrician.

Note: Completed application must include the Experience Verification Form (or letters from previous supervisors) and the Employment History portion of the application.

OR

B.

- Held a master electrician license issued by a Texas municipality or region that has elected to discontinue issuing or renewing licenses.
- Held the municipal or regional license for the preceding year.
- Submit your application within 90 days of the date the municipality or region stops issuing or renewing licenses.

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I certify that I have read and will comply with all applicable provisions of the Electrician Act; Texas Occupation Code, Chapter 1305 and Chapter 51; Texas Administrative Code, Chapter 60; and the Electricians Administrative Rules, Texas Administrative Code, Chapter 73. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

Date Signed

Signature of Applicant



CRIMINAL HISTORY QUESTIONNAIRE INSTRUCTIONS

1. TYPE OF REQUEST - Check the box to indicate whether you are applying for a new license or renewing a license.
2. TYPE OF LICENSE - Write the type of license you are applying for or renewing. (ex: Barber, Cosmetology, Electrician, Towing, Air Conditioning Technician, etc.)
3. NAME - Write your full legal name in the spaces provided. (Last, First, Middle Name)
4. SOCIAL SECURITY NUMBER (SSN) - Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:
www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014.
5. MAILING ADDRESS - Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
6. PHONE NUMBER - Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
7. DATE OF BIRTH - Write your birthdate.
8. EMAIL ADDRESS - Write your email address. TDLR will only use your email address for the purpose of communicating with you electronically in a manner which protects your email address from disclosure under the Public Information Act.
9. COUNTY AND STATE OF CONVICTION OR DEFERRED ADJUDICATION - ex: Travis, TX; Baxter, AR; Fresno, CA.
10. COURT - Give the name of the court your case was held. (ex: 300th District Court, Superior Court, Federal Court)
11. DATE CRIME COMMITTED - Give the date you committed the crime.
12. DATE OF THE CONVICTION OR DEFERRED ADJUDICATION - Give the date you were convicted or received a deferred adjudication.
13. EXACT CRIME YOU WERE CONVICTED OF OR RECEIVED A DEFERRED ADJUDICATION - Give the official description of the offense shown on your court records.
14. WHAT EXACTLY DID YOU DO (CRIME) AND WHY - Give a brief description of your actions and why you made those decisions. (If you need more space to write, attach additional sheets)
15. SENTENCE OR ACTION IMPOSED BY THE COURT - (ex: six months in Travis County Jail, deferred adjudication, probation, etc.)
16. RENEWALS - If you are renewing your license, did the conviction or deferred adjudication you described in item 11 occur since your license was last issued? Place a check in the box for No or Yes.
17. PAROLE - If you are not on parole please check No. If you answered **Yes** list your reporting officer's name and phone number.
18. PROBATION - If you are not on probation please check No. If you answered **Yes** list your reporting officer's name and phone number.
19. DATE AND SIGNATURE OF APPLICANT - Carefully read the statement before signing and dating this criminal History Questionnaire.



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CRIMINAL HISTORY QUESTIONNAIRE

TDLR must review your criminal history to determine if you are eligible to receive or renew a license. You must complete this form if you have ever been convicted of a felony or misdemeanor (other than a minor traffic violation) or pleaded guilty or no contest "nolo contendere" (resulting in a deferred adjudication) to any in state, out of state or federal criminal offense. Provide specific details, attaching a separate questionnaire form for each crime.

Our review may take up to twelve (12) weeks to complete. Questions regarding this form may be addressed to the TDLR's Enforcement Division at (512)539-5600. Please mail this form, along with the appropriate application and fee, to the address above, or if you choose to email it, please send it to CHQ@tdlr.texas.gov.

Your application will not be processed until this form, the application and payment are received.

1. Type of Request: ☐ New ☐ Renewal

2. Type of License : _____
Ex: Barber, Cosmetologist, Electrician, Towing, etc.

3. Name: _____
Last First Middle

4. SSN: _____
(See instruction sheet for disclosure information)

5. Address: _____ City: _____ State: _____ Zip Code: _____
Number, Street Name, Suite Number/Apartment Number

6. Phone No: _____
Area Code Phone Number

7. DOB: _____

8. Email Address: _____
(See instruction sheet for disclosure information) (Ex: johndoe@aol.com)

9. County and State of conviction or deferred adjudication: _____
(ex: Travis, TX)

10. Court: _____
(ex: 300th Dist. Ct. or Fed. Ct.)

11. Date crime committed: _____

12. Date of conviction or deferred adjudication: _____

13. Exact crime you were convicted of or received a deferred adjudication: _____

14. What exactly did you do (crime) and why? (If you need more space to write, attach additional sheets): _____

15. Sentence or action imposed by the court: (ex: six months in Travis County Jail): _____

16. For renewals, did this conviction or deferred adjudication occur since your last license was issued: ☐ No ☐ Yes

17. Are you currently on parole?: ☐ No ☐ Yes (If yes list your reporting officer's name and phone number below)

Parole Officer's Name

Area Code

Phone Number

18. Are you currently on probation?: ☐ No ☐ Yes (If yes list your reporting officer's name and phone number below)

Probation Officer's Name

Area Code

Phone Number

19. Date and Signature

By signing below, I affirm I am the applicant completing this form and understand that if I fail to provide full and accurate information, the issuance or renewal of my license could be delayed or denied.

Date Signed

Signature of Applicant