

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

- Journeyman Electrician (JE) Residential Journeyman Electrician (RJE)
 Master Electrician (ME) Residential Master Electrician (RME)

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ Email: _____

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
 I am a foreign national not physically present in the United States.
 None of the above, please explain: _____

Driver License

or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date: _____

QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently under investigation or is any disciplinary action pending against you now by any <i>local, state or federal licensing, enforcement or regulatory agency</i> ?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored?
5. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
6. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years?
7. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently using or have you recently (<i>within 90 days</i>) used any drugs (<i>including recreational drugs</i>) without a valid prescription, the possession or distribution of which is unlawful under applicable state or federal laws?
8. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
9. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have any criminal action pending?*
10. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? *
11. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?*
12. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been incarcerated for any reason in any correctional facility (<i>domestic or foreign</i>) in any jurisdiction or on probation/parole in any jurisdiction?*

***NOTE: Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.**

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

If you answered "Yes" to Questions **9,10,11** or **12** you must submit the following for **EACH** and **EVERY** incident:

- personal account of the incident(s)
- police report(s)
- court record(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

PROFESSIONAL LICENSES

List all other licenses, registrations or certifications issued by any state which you now hold or have ever held in any profession. (*Use additional sheets if necessary.*)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Verification of Electrical Experience

Note: If your hours were obtained in another state, in addition to this form, you must provide official verification of your license from that state.

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

License Number: _____ State of Issue: _____

EMPLOYER INFORMATION

To be completed by the employer. Each employer must submit a separate form.

Name of Employer: _____ License Number: _____

Name of Supervisor: _____ License Number: _____

Employer Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ Email: _____

Dates of Employment as an Apprentice: _____ to _____

Apprentice Work Experience	Hours Worked
Boxes, Fittings, Conduit, Wireways, Cableways Required: JE 4,000 hrs; RJE 600 hrs	
Wire and Cable Required: JE 800 hrs; RJE 3000 hrs	
Distribution and Utilization Equipment Required: JE 400 hrs; RJE 300 hrs	
Specialized Work Required: JE 400 hrs; RJE 300 hrs	
Other (Please Specify):	
Other (Please Specify):	
Total Apprentice Hours:	

Dates of Employment as RJE: _____ to _____ Total RJE Hours: _____

Dates of Employment as JE: _____ to _____ Total JE Hours: _____

Dates of Employment as RME: _____ to _____ Total RME Hours: _____

Dates of Employment as ME: _____ to _____ Total ME Hours: _____

I certify the information provided above is true and correct.

Signature of Authorized Signer: _____ Date: _____

Printed Name of the Authorized Signer: _____

Position of Authorized Signer: _____

NOTE: Each year of work experience must include at least 2,000 hours; no more than 2,000 hours of work experience can be credited for each 12-month period.

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

ALL APPLICANTS

The following items are required to complete your application:

- \$110.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire".
- Pass the Utah Electrical Licensing Theory, Code and Practical Examinations for the level of licensure you are applying. DOPL's testing provider will electronically send the results of your examination directly to DOPL. Applicants must apply directly to PSI Examination Services at www.psiexams.com or 1-800-733-9267 to register for the examination. Submit the exam fees directly to the testing agency.

Note: In lieu of testing in Utah, if you hold an active license in good standing from one of the states listed below, you may apply without taking the Utah Theory and Code Exams. However, ALL applicants must pass the Utah Practical Examination for the level of licensure for which you are applying. You must also provide an official verification from the state showing you have taken and passed their licensing exams in that state AND that you have been licensed for at least one year.

JE: Alaska, Arkansas, Colorado, Idaho, Montana, Nebraska, New Hampshire, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, or Wyoming

ME: Idaho, Oregon, or Wyoming

INDIVIDUAL CLASSIFICATIONS

In addition to the items required for all applicants, you must submit the following items for the specific classification you are applying for:

Journeyman Electrician (JE):

- Official transcripts showing completion of an approved apprenticeship program and "Verification of Electrical Experience" form documenting at least 8,000 hours of required training as an apprentice in not less than 4 years.
- OR**
- "Verification of Electrical Experience" form documenting at least 16,000 hours of required training as an apprentice in not less than 8 years.

Residential Journeyman Electrician (RJE):

- Official transcripts showing completion of 2 years of an approved apprenticeship program and "Verification of Electrical Experience" form documenting at least 4,000 hours of required training as an apprentice in not less than 2 years.
- OR**
- "Verification of Electrical Experience" form documenting at least 8,000 hours of required training as an apprentice in not less than 4 years.

Master Electrician (ME):

- Documentation of meeting the education and experience requirements outlined below:
 - o 4 years of experience as a licensed JE
 - o A graduate of electrical trade school with a 2 year AAS degree that is properly accredited and 2 years of experience as a licensed JE
 - o A B.S degree in electrical engineering from a school that is EAC/ABET accredited and one year of licensed experience

Documentation must consist of a combination of the following:

- o Official transcripts showing the degree earned from an approved school.
- o "Verification of Electrical Experience" form documenting you meet the Utah experience requirements. *You must be able to document that all required experience hours submitted were obtained while lawfully licensed to do commercial work. If you are not a licensed Utah Journeyman Electrician, you must also provide official verification(s) of licensure as a Journeyman Electrician from another state for the period documented on the form.*

Residential Master Electrician (RME):

- "Verification of Electrical Experience" form documenting at least 4,000 hours of required practice as a licensed RJE in not less than 2 years. *If you are not a licensed Utah Residential Journeyman Electrician, you must also provide official verification(s) of licensure as a Residential Journeyman Electrician from another state for the period documented on the form.*

Submit the above items with your completed application to:

In person or via express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741