

CONTRACTORS LICENSE BOARD



Guahan Inetnon Manlisensiayen Kontratista 542 N. Marine Drive Suite A, Tamuning, Guam 96913 Tel: (671) 649-9676/649-2211/649-2214 or 649-2210 (Fax)

Master Electrician/ Plumber Application & Information Packet

QUALIFICATIONS & REQUIRED DOCUMENTS:

The applicant must have seven (7) years of experience in the electrical or plumbing field. An application (attached) must be completed, notarized and submitted to our office, with one passport size photo, prior to scheduling of examination. All applicants must pass the part written examination. The examination is closed book.

The above photograph shall be an un-mounted recognizable photograph (size 2" x 2" overall) not profile, not retouched, taken within 30 days of submission of this application. Affix your signature and date on the lower right hand corner of the photograph.

Photostats of diplomas or certified transcripts of all college courses and degrees must accompany this application. Employers listed in the application may be contacted by the Contractors License Board, Government of Guam for verification of experience. This information must be received before the application will be considered. Therefore, it is necessary that complete names and addresses be included.

<u>Master Electricians</u> will be tested on definitions, specification and requirements of the National Electrical Code (NEC), and National Fire Code (NFC). In addition, the examinations will cover installation requirements of electrical systems and it's public buildings; as well as, fundamental electrical principals, transformers, motors, wire sizing, feeders, voltage drop, control circuits and other related criteria essential in Electrical Construction, Operations and Maintenance and practical application of electrical formulas for design and calculations.

Master Plumbers will be tested on definitions, specifications and requirements of the Uniform Plumbing Codes, American Society for Testing Materials, Cast Iron Soil Pipe Institute, American National Standard Institute, Federal Specifications and National Fire Protection Association. In addition, the examinations will cover requirements of plumbing installations for water, sewer, heating, drainage, fuel gas facilities, residential, commercial, industrial and public buildings; as well as, fundamental mechanical and plumbing principles dealing with code requirements, practical and theoretical questions dealing with calculations for plumbing system installation and design, practical applications of plumbing formulas for design and calculations dealing with single-family dwellings, commercial, hotels, restaurants, public facilities, gas installations, sewer disposal facilities, and drainage system installation.

All applicants must obtain a passing grade of 70% for each part of the examinations. If the applicant fails any part of the examination, he/she will be required to retake the examination for that part only. Once the passing grade has been achieved the applicant must obtain clearances from the Department of Revenue and Taxation for certification to be issued. Each certification is valid for a two year period beginning of July 1st and expiring on June 30th.

An application fee of \$25.00 must be paid upon submittal of the application. In order to receive certification, the certification fee of \$75.00 must be paid.

The Executive Registrar of the Contractors License Board reserves the right to reject any application submitted based on falsification of information provided by the applicant, crimes or offenses of a felony in nature and any judgment of moral character determined by the references stated by the applicant. Any certification issued may be revoked or suspended by the Executive Registrar if found to be in violation of the National Electrical codes, National Plumbing codes, Government of Guam Code, Contractors License Board Rules and Regulations and/or crimes involving abuse of the Certifications.

Should you have any questions or require further assistance, please feel free to contact our office.



Application for Original Certification For Master Electrician & Master Plumber



Please Type or Print Legibly in Ink Name of Applicant **Social Security Number Mailing Address** Telephone Number(s) **Residential Address Date of Birth Email Address** Citizenship **Type of Certification Applying For** If you hold a current license or certificate as a Master Electrician and/ or Plumber, please complete the following information: **Issuing State or Country Issue Date Expiration Date** Please answer the following questions. If you answer "yes" to any of the following, please attach your explanation on a separate sheet of paper. If you were convicted of any criminal offense, please indicate, the date of conviction, sentence and the date sentence was completed. Has your certificate/license ever been revoked? [] Yes [] No Have you ever been denied application in any state or territory for a Master Electrician or Master Plumbers license or certificate? [] Yes [] No Have you ever been convicted of a criminal offense, other than traffic violations? [] Yes [] No Do you have any outstanding judgments against you?

[] Yes

[] No

WORK EXPERIENCE

Number each engagement in order, beginning with your present engagement in the practice of Electrical or Plumbing Inspection. Design or Installation. Summarize each engagement, but provide sufficient detail to signify the degree of your responsibility and the nature of the decisions you have been required to make.

Name of Company		Telephone Number(s)	
Mailing Address and Email Address:		Name & Title of Supervisor	
Date of Employment (mo/yr. to mo/yr.)	Total Months Employ	ed	Type of Business
WORK FYPERIENCE			

Name of Company		Telephone Number(s)	
Mailing Address and Email Address		Name & Title of Supervisor	
Date of Employment (mo/yr. to mo/yr.)	Total Months Employ	ed	Type of Business
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WORK EXPERIENCE (Continued)

Name of Company	Telephone Number(s)		ber(s)		
Mailing Address and Email Address:			Fitle of Supervisor		
Date of Employment (mo/yr. to mo/yr.)	Total Months E	mployed	Type of Business		
			I		
WORK EXPERIENCE					
Name of Company	Telep		ephone Number(s)		
Mailing Address and E-Mail Address:		Name & T	itle of Supervisor		
Date of Employment (mo/yr. to mo/yr.)	Total Months E	mployed	Type of Business		

REFERENCES

List three (3) references, one of which must be in the profession of designing, construction and inspection of electrical or plumbing field. These references must have personal knowledge of your professional experience and qualifications as well as your moral character.

Name	Address (must be completed)	Telephone No.
	ndividual is in the profession of desig	ning, construction and
inspection of electrical or plumbi	ng:	
ORGANIZATION MI	EMBERSHIPS	
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Organization Use Control Contr	are a member, in good standing, Address	of below. Telephone No.
Organization	Address	1 elephone No.
	rjury, under the laws of the Ter	
0 0	nd documents attached hereto a	re true and correct.
(6GCA & 4308)		
Signature of Applicant		Date