



# CONTRACTORS LICENSE BOARD

*Inetnon Malisensiayen Kontratista*

542 North Marine Corps Drive A – Tamuning, Guam 96913

(671) 649-2211, (671) 649-9676, (671) 649-2210 (Fax)

Website: [www.clb.guam.gov](http://www.clb.guam.gov)



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## Master Electrician Application and Information Packet

### **QUALIFICATIONS & REQUIRED DOCUMENTS:**

Applicant must have ten (10) years of experience in the electrical field and must pass an oral examination administered by the board as well as attain a 70% or higher on the written examination.

An application (attached) must be completed and submitted to our office, with one passport size photo, and a copy of citizenship.

Passport photo shall be an un-mounted recognizable photograph (size 2" x 2" overall). Not profile, not retouched, and must be taken within 30 days of submission of this application. Applicant's signature and date must be affixed 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.

Applicants must attain a passing grade of 70% or higher on the written examination. If the applicant fails either part of the examinations, he/she will have the opportunity to retake the examination. Applicants passing both examinations must obtain clearances from the Department of Revenue and Taxation for certification to be issued.

### **Master Electricians**

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 its 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.

**Fees**

Application Fee	\$50.00
Exam Fee	\$50.00
Certification Fee	\$100.00

If further assistance is required, please contact our office at (671) 649-9676 or (671) 649-2211.



## Application for Original Certification For Master Electrician



Please Type or Print Legibly in Ink

<b>Name of Applicant</b>	<b>Social Security Number</b>
<b>Mailing Address</b>	<b>Telephone Number(s)</b>
<b>Residential Address</b>	<b>Date of Birth</b>
<b>Email Address</b>	<b>Citizenship</b>

**If you hold a current license or certificate as a Master Electrician, 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 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. 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.

<b>Name of Company</b>		<b>Telephone Number(s)</b>	
<b>Mailing Address and Email Address:</b>		<b>Name &amp; Title of Supervisor</b>	
<b>Date of Employment (mo/yr. to mo/yr.)</b>	<b>Total Months Employed</b>	<b>Type of Business</b>	

**WORK EXPERIENCE**

<b>Name of Company</b>		<b>Telephone Number(s)</b>	
<b>Mailing Address and Email Address</b>		<b>Name &amp; Title of Supervisor</b>	
<b>Date of Employment (mo/yr. to mo/yr.)</b>	<b>Total Months Employed</b>	<b>Type of Business</b>	

**WORK EXPERIENCE (Continued)**

<b>Name of Company</b>		<b>Telephone Number(s)</b>	
<b>Mailing Address and Email Address:</b>		<b>Name &amp; Title of Supervisor</b>	
<b>Date of Employment (mo/yr. to mo/yr.)</b>	<b>Total Months Employed</b>	<b>Type of Business</b>	

**WORK EXPERIENCE**

<b>Name of Company</b>		<b>Telephone Number(s)</b>	
<b>Mailing Address and E-Mail Address:</b>		<b>Name &amp; Title of Supervisor</b>	
<b>Date of Employment (mo/yr. to mo/yr.)</b>	<b>Total Months Employed</b>	<b>Type of Business</b>	

**REFERENCES**

List three (3) references, one of which must be in the profession of designing, construction and inspection of electrical 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 Number

Of the references above, which individual is in the profession of designing, construction and inspection of electrical? \_\_\_\_\_

**ORGANIZATION MEMBERSHIPS**

List the organizations that you are a member, in good standing, of below.

Organization	Address	Telephone Number

**I declare under penalty of perjury, under the laws of the Territory of Guam, that the foregoing information and documents attached hereto are true and correct. (6GCA & 4308)**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**