

APPLICATION FOR REINSTATEMENT—MASTER ELECTRICIAN

APPLICANT INSTRUCTIONS

NEW License Renewal Requirements. Beginning January 1, 2011 new renewal requirements apply to your license. Important details are available online at www.dora.state.co.us/electrical/cc.

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as an Electrician in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that an affidavit be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at www.doradls.state.co.us.

License Expiration Grace Period for Applicants. Applicants who are issued an electrician license within 120 days of the upcoming expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between June 1, 2011, and September 30, 2011, will reflect a license expiration date of September 30, 2014.

- Electrician licenses expire on September 30 of each renewal year and must be renewed to continue practicing.

In 2011, new legislation affecting electrician license renewal requirements takes effect. As part of this new legislation, electrician licenses will change to a 3-year renewal cycle coinciding with the adoption of a new National Electrical Code (NEC) every three years (i.e., in 2011, 2014, 2017, etc.).

APPLICANT CHECKLIST

To apply to reinstate your expired Master Electrician license:

- Submit a completed application and supporting documentation if required.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and **made payable to State of Colorado**. All fees are non-refundable and subject to change every July 1.
- Complete and return the attached Affidavit of Eligibility form.** Pursuant to C.R.S. 24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
- Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Complete an Individual Assessment of Core Competencies** to comply with new continuing competency program requirements. Contact Pearson Vue at www.pearsonvue.com to locate a testing site and schedule your assessment. Refer to the Continuing Competency Program Manual available online at www.dora.state.co.us/electrical/cc for a step-by-step guide to the program, including information on core competencies, completing the individual assessment, and accruing professional development units (PDUs).

Note: your license will not be reinstated until you complete the individual assessment at a Pearson Vue testing center.

If your license has been expired more than two (2) years:

- Demonstrate competency to practice.** Refer to the Competency to Practice section of the application for detailed instructions.

Return your completed application packet and all supporting documentation to:

Division of Registrations
Office of Licensing—Electrical
1560 Broadway, Suite 1350
Denver, CO 80202



IMPORTANT NOTICE

TO: All Applicants

FROM: Rosemary McCool, Director, Division of Registrations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Registrations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Registrations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the [website](#) of the appropriate board or program.*



Colorado Department of Regulatory Agencies
 Division of Registrations
 1560 Broadway, Suite 1350
 Denver, CO 80202

Licensee/Applicant Full Legal Name

| Last | First | Middle | Suffix |
|------|-------|--------|--------|
| | | | |

Colorado Professional or Occupational License/Certification/Registration Number: _____
 (if already licensed)

Professional or Occupational License/Certification/Registration type applying for: _____

AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

**The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

Section A: LAWFUL PRESENCE in the United States

1. I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2. I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3. I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
 - a. I am a U.S. citizen, not physically present or employed in the United States.
 - b. I am a Foreign National, not physically present or employed in the United States.

Section B: SECURE AND VERIFIABLE DOCUMENTS
 Select ONE document in this section if you checked 1 or 2 in Section A.

| Government Issued Identification | Name of state agency or federal agency that issued the document | Full name as shown on driver's license or state/federal issued ID | License/ID Number | Expiration Date (mm/dd/yyyy) |
|---|---|---|-------------------|------------------------------|
| <input type="checkbox"/> Driver's license or permit | | | | |
| <input type="checkbox"/> Government issued ID card | | | | |
| <input type="checkbox"/> Valid U.S. military ID/common access card | | | | |
| <input type="checkbox"/> Colorado Department of Corrections inmate ID | | | | |
| <input type="checkbox"/> Tribal ID card | | | | |
| <input type="checkbox"/> U.S. passport | | | | |
| <input type="checkbox"/> Certificate of Naturalization | | | | |

Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)

| Government Issued Identification | Name of state agency or federal agency that issued the document | Full name as shown on driver's license or state/federal issued ID | License/ID Number | Expiration Date (mm/dd/yyyy) | |
|---|--|--|---|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Certificate of (U.S.) Citizenship | | | | | |
| <input type="checkbox"/> Valid Temporary Resident card | | | | | |
| <input type="checkbox"/> Valid I-94 issued by Canadian government | | | | | |
| <input type="checkbox"/> Valid I-94 with refugee/asylum stamp | | | | | |
| <input type="checkbox"/> Valid I-766 (Employment Authorization Card) | | | Issuing federal agency: | | |
| Name on card | Alien Number (A#) | Card Number | Valid from (mm/dd/yyyy) | Expires (mm/dd/yyyy) | |
| | | | | | |
| <input type="checkbox"/> Valid I-551 (Resident Alien or Permanent Resident Card) | | | Issuing federal agency: | | |
| Name on card | Alien Number (A#) | Country of birth | Card expires (mm/dd/yyyy) | Resident since (mm/dd/yyyy) | |
| | | | | | |
| <input type="checkbox"/> Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94 | | | | | |
| Issuing foreign country | Passport Number | Visa Number | Visa Class (ex.: J-1, P-1, H-1B, etc.) | Date of entry (mm/dd/yyyy) | Until date (mm/dd/yyyy) |
| | | | | | |
| <input type="checkbox"/> Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa | | | | | |
| Issuing foreign country: | | | Passport Number: | | |

Section C: ATTESTATION

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Print Full Legal Name

Signature (Full Name)

Date

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

Colorado Master Electrician License Number: _____ Date License Expired: _____

PART 1—APPLICANT INFORMATION

| | | | | |
|---|--|---|--|---------|
| Name: Last: | | First: | Middle: | Suffix: |
| Previous Name(s): | | | | |
| Social Security Number: * | | Date of Birth (mm/dd/yyyy): | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Place of Birth (city and state, or foreign country): | | | | |
| Mailing Address: | | PO Box, Street: | City, State, Zip: | |
| This is a <input type="checkbox"/> Home <input type="checkbox"/> Business | | | | |
| Daytime Telephone Number: () | | E-mail Address: | | |
| | | Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail | | |

PART 2—LICENSE INFORMATION

Since the date your license expired, have you been practicing as a Master Electrician:

in the state of Colorado? YES NO

in another jurisdiction? YES NO

➤ If YES, provide an explanation: _____

List each jurisdiction in which you are or have been licensed as a Master Electrician (if needed, attach an additional sheet in the same format).

| State | License Number | Year license issued | Disciplinary action against license? | Is this license current/active? |
|-------|----------------|---------------------|--|--|
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Are there any pending complaint(s) against you in any other jurisdictions? YES NO

Have you ever had disciplinary action taken against you by another jurisdiction? YES NO

*Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; and locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

PART 2—LICENSE INFORMATION (Continued)

Have you ever been convicted of a felony under the law of this state or any other jurisdiction, or entered a plea of guilty of a felony or had a plea of *nolo contendere* accepted by the court in this state or any other jurisdiction? YES NO

- If **YES**, you must complete the *Information Regarding Felony Conviction Form* available online at www.dora.state.co.us/electrical/forms/FelonyConviction.pdf

PART 3—COMPETENCY TO PRACTICE

If your license has been expired **more than two (2) years** from the date your reinstatement application is received in the Division, demonstrate “competency to practice” by one of the following:

- Take and pass the full written exam.** You will be reauthorized for the exam on receipt of a completed reinstatement application;
- OR—
- Hold an active Master electrician license in another state.** Submit the Verification of Licensure form (attached) to the state in which you are licensed;
- AND—
- Provide proof of active practice in that state** for no less than three (3) of the previous four (4) years immediately preceding the date your reinstatement application is received in the Division. Proof of active practice should be submitted through letters of verification. Acceptable verification must be provided by one of the following: 1) employer(s), 2) inspection authority, or 3) general contractors.

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Signature

Date

VERIFICATION OF ELECTRICIAN LICENSURE

Applicant: Complete Part 1 and mail this form to the state board verifying your records.

Verifying State Board: Complete Part 2 and mail the completed form directly to Colorado Division of Registrations, Office of Licensing—Electrical, 1560 Broadway, Suite 1350, Denver, CO 80202; or fax to 303-894-7693.

Part 1—To be completed by the APPLICANT

| | | | | |
|---|---|---------|---------------|--------|
| NAME: Last | | First | Middle | Suffix |
| SOCIAL SECURITY NUMBER: | | | DATE OF BIRTH | |
| MAILING ADDRESS: PO Box, Street: City, State, ZIP: | | | | |
| LICENSE TYPE: | <input type="checkbox"/> RESIDENTIAL WIREMAN | NUMBER: | | |
| | <input type="checkbox"/> JOURNEYMAN ELECTRICIAN | NUMBER: | | |
| | <input type="checkbox"/> MASTER ELECTRICIAN | NUMBER: | | |
| APPLICANT SIGNATURE | | | | DATE: |

PART 2—To be completed by the VERIFYING STATE BOARD

| | | | | |
|--|-----------------|------------------------------|-----------------------------|-------|
| FROM (VERIFYING STATE): | | DATE: | | |
| LICENSE TYPE: | LICENSE NUMBER: | ISSUE DATE: | EXPIRATION DATE: | |
| <input type="checkbox"/> RESIDENTIAL WIREMAN | | | | |
| <input type="checkbox"/> JOURNEYMAN ELECTRICIAN | | | | |
| <input type="checkbox"/> MASTER ELECTRICIAN | | | | |
| WAS THE LICENSE STATE-ISSUED? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| METHOD OF LICENSURE: | | | | |
| <input type="checkbox"/> EXAMINATION | DATE OF EXAM: | SCORE: | | |
| VERSION OF NEC USED FOR EXAM: | # OF QUESTIONS: | # OF HOURS: | | |
| IF THE LICENSE WAS ISSUED BY EXAM, PLEASE PROVIDE A BREAKDOWN OF THE PERCENTAGES OF EACH CATEGORY COVERED IN THE EXAM. | | | | |
| <input type="checkbox"/> RECIPROCITY/ENDORSEMENT | STATE: | | | |
| <input type="checkbox"/> OTHER (PLEASE EXPLAIN) | | | | |
| PLEASE PROVIDE A LISTING OF THE EXPERIENCE REQUIREMENTS FOR THE LICENSE. | | | | |
| WERE ALL EXPERIENCE REQUIREMENTS MET? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| IS THERE ANY DISCIPLINARY ACTION ON RECORD: | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| IF YES, PLEASE EXPLAIN: | | | | |
| | | | | |
| VERIFIED BY: | | | | |
| TITLE: | | | | DATE: |