



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

BOARD OF ELECTRICAL EXAMINERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

INSPECTION AGENCY APPLICATION

Checklist for Conditional Approval (Office Use Only):

Proof of Insurance Proof of Inspector Qualifications (experience and exam scores)

Date of Conditional Approval _____ (Not to Exceed 6 Months)

Date of Final Approval (at least 3 months after Conditional Approval) _____

Complete the following information. Please print. Attach sheets for additional Delaware offices if necessary

1. Name(s) of Office(s) in Delaware: _____
2. Address(es): _____
3. Telephone number(s): _____ Email: _____
4. County(ies) served: _____
5. Name of full-time, nationally certified inspector who will conduct electrical inspections in Delaware: _____

Submit proof of general liability insurance and errors and omissions insurance, each in the amount of at least \$1,000,000.

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 4-8 weeks to receive your license. A complete application is one that includes all required documentation and correct payment.

AFFIDAVIT

County of _____)

) SS.

State of _____)

I, _____, hereby swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

Applicant Signature

Sworn or affirmed before me a Notary Public this ____ day of _____, 20__.

My commission expires on _____. _____
Notary Public



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Complete this page for the full-time Nationally-Certified Inspector:

1. Name of Inspector: _____

2. Address: _____

City: _____ State: _____ Zip Code: _____

3. Date of Hire: _____

4. Experience of Inspector (at least 7 years):

Complete information below and submit proof of experience. Proof of experience is the *Verification of Employment* form completed by named employer, tax Form W-2, or tax Schedule C.

Employer	Address	Dates of employment
_____ Employer	_____ Address	_____ Dates of employment
_____ Employer	_____ Address	_____ Dates of employment
_____ Employer	_____ Address	_____ Dates of employment
_____ Employer	_____ Address	_____ Dates of employment

Dates passed Inspector Examinations administered by a nationally recognized testing agency and approved by the Division of Professional Regulation:

- Electrical One-and Two-family dwellings - within 18 months of employment as an inspector - _____
- Electrical General - within 18 months of employment as an inspector - _____
- Electrical Plan Review - within 24 months of employment as inspector - _____



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Complete one page for each additional inspector:

5. Name of Inspector: _____

6. Address: _____

City: _____ State: _____ Zip Code: _____

7. Date of Hire: _____

8. Experience of Inspector (at least 7 years):

Complete information below and submit proof of experience. Proof of experience is the *Verification of Employment* form completed by named employer, tax Form W-2, or tax Schedule C.

Employer	Address	Dates of employment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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- Electrical General - within 18 months of employment as an inspector - _____
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