



State of Alabama  
**The Alabama Board of Electrical Contractors**  
2777 Zelda Road  
Montgomery, AL 36106  
(334) 420-7232  
Fax (334) 263-6115  
[www.aecb.alabama.gov](http://www.aecb.alabama.gov)

## Memorandum:

TO: Prospective Reciprocity Applicant

FROM: Keith E. Warren  
*Executive Director*

SUBJECT: Reciprocity with Georgia, Louisiana, Mississippi, North Carolina,  
South Carolina, Tennessee or Virginia

**THE SAME APPLICATION IS USED FOR PERSONS APPLYING FOR THE EXAM OR  
RECIPROCIITY. EVERYONE MUST SUBMIT THE SAME INFORMATION.**

In order to receive an Alabama Electrical Contractors license through reciprocity, you must comply with the following:

1. A complete application, section 2 applicant information must be completed. Business entity job list and work Affidavits. If self-employed, sign twice under section 4 of application notarized signature, photograph attached and returned to the Board office. **All Forms must be original**
2. One **cashier's check or money order** in the amount of **\$315.00** made payable to the Alabama Electrical Contractors Board. **No Company or Personal Checks are accepted.**
3. Copy of State License from State Board reciprocating from.
4. **An original letter (no faxes, copies, online letters or score sheets form testing centers)** from the state licensing board verifying your license and stating that you are in good standing, passed that State's **examination receiving a grade of 70 or more** and **said license is an unlimited/unrestricted license.** ***This letter must be with your application not sent separately.***

Applications will be reviewed by the Board at their quarterly meetings. Refer to the calendar for Board meeting dates.



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### ELECTRICAL CONTRACTOR APPLICATION INFORMATION AND INSTRUCTIONS BY EXAMINATION OR RECIPROCITY AGREEMENT

- 1. APPLICATION REVIEW BY EXAMINATION** – Applications for the examination are reviewed at the Board's quarterly meetings. Applications are to be submitted to the Board Office on or before the deadline (Meeting Schedule Enclosed). Applications received after the deadline will remain in the Board Office until the next quarterly meeting. You will be notified of your approval to submit a fee of \$165 (**Cashier's Check or Money Order**) within 10 days after being approved. Once this fee is paid, you will receive an authorization letter with instructions to schedule the examination within 90 days. All scores are reported by mail. If you do not pass, you will receive a form to retake the examination. Do not submit your application in a quarter that you will not be prepared to take the examination. Authorization letters are not transferable. You will be required to submit a re-take form (available on the web site) along with an additional examination fee if you fail to schedule and take your examination within the authorized 90 days.

#### APPLICATION INSTRUCTIONS

In order for your application to be reviewed by the Board, it must be complete and include all the following information:

- ✓ **Mark the appropriate category (By Exam or Reciprocal)**
- ✓ **All Questions and Information Requested is Complete**
- ✓ **Obtained Required and Notarized Signatures**
- ✓ **Passport Photo (2x2)**
- ✓ **Completed Work Experience and Work Affidavit (This Information is Required for Both the Exam and Reciprocity) Application will be automatically denied if either or both of the sections are incomplete.**

#### REQUIRED EXPERIENCE

The required experience to qualify for this examination is to be in the commercial, industrial or residential new construction fields. You must have held a supervisory or managerial position for the required amount of time. **Maintenance experience of any type will not be counted towards the required amount of time.** The Work Affidavit must be completed by

someone in the Human Resources Department, Company President/CEO, Electrical Contractor, Master Electrician, Electrical Engineer or Electrical Inspector. You cannot sign your own work affidavit even if you are self-employed. If you are self employed and there is no one listed above that is available to sign a work affidavit, you must write a letter detailing the dates you went into business and a description of the electrical experience acquired in the business.

**The application must have a minimum 8,000 hours of supervisory electrical construction experience. As defined in Chapter 303-X-2-.02(b)(1): "Persons applying for a state wide electrical contractor examination must demonstrate a minimum of 8,000 hours that shows that you have designed, planned, laid-out and directly supervised electrical construction activities and the installing of electrical components."**

### **Qualified Education**

Applicant may substitute (1) year of education in electrical curriculum for one-half (1/2) year electrical experience for a maximum of two (2) years credit of the four (4) years experience requirements. The applicant must submit a copy of the diploma, certificate, or transcript.

## **2. Applicants Applying / Reciprocity Agreement**

- A.** All reciprocal applicants must meet the experience requirements listed above. An applicant also must have passed a standardized examination with one of the participating state(s): Arkansas, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee or Virginia. The applicant must not have any outstanding complaints with any other licensing agency, and all applicants must be currently licensed in good standing. This completed application along with a copy of license issued by the state licensing board showing you have an electrical contractor's license in the category in which you are applying. An original letter from the state licensing board verifying **(copies, faxes and online verifications are not accepted) the original verification letter must be included with the application**, that you hold an unlimited/unrestricted license and passed the required examination. **The reciprocity fee of \$315.00 (Cashier's Check or Money Order) must accompany the application.**
  
- B.** Note that State law requires any electrical contractor performing a job over \$50,000 must have an appropriate license issued by the Alabama Licensing Board for General Contractors. Questions regarding this contact the General Contractors Board at 1-800-356-6361 or [www.genconbd.state.al.us](http://www.genconbd.state.al.us) .



**THE ALABAMA ELECTRICAL CONTRACTORS BOARD**

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**ELECTRICAL CONTRACTORS LICENSE BY EXAMINATION / BY  
WAIVER RECIPROCITY AGREEMENT**

**APPLICATION FOR:**

Select one: \_\_\_\_\_ **Electrical Contractor by Examination**  
\_\_\_\_\_ **Electrical Contractor by Reciprocity**

In this space applicant must attach a clean, full-face photo of head and shoulders taken within the past six (6) months. 2' x 2' size

**1. APPLICANT INFORMATION**

This section to be completed by the person seeking licensure. The name listed in this section is the owner of the license. You must sign contracts, apply for permits, conduct business and advertise in the same name that will appear on your license.

**APPLICANT**

**Full Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Business Name:** \_\_\_\_\_  
The name to put on the license to work and pull permits / DBA "Doing Business As" Name  
(Exact name in which this entity will be conducting business in AL)

**IRS (tax) Identification #** \_\_\_\_\_  
(May substitute SSN#)

**Select your Business Type:**

\_\_\_ Sole proprietorship \_\_\_ Partnership \_\_\_ Corporation \_\_\_ LLC \_\_\_ LLP

**Mailing Address:** \_\_\_\_\_  
(i.e. P O Box) (City) (State) (Zip)

**Business Address:** \_\_\_\_\_  
(Physical Street Address) (City) (State) (Zip)

**Business Telephone #:** \_\_ (\_\_\_\_) \_\_\_\_\_

**Fax Telephone #** \_\_ (\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## 2. APPLICANT INFORMATION

This is the individual that is applying for licensure by exam.

Applicant Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

SSN# \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Cellular: (\_\_\_\_\_) \_\_\_\_\_

## 3. BACKGROUND INFORMATION OF APPLICANT

Attach documents and/or a written explanation for each "Yes" answer.

\* Have you ever been disciplined for contracting/practicing as an electrical contractor without being properly licensed? \_\_\_\_\_ YES \_\_\_\_\_ NO

\* Is any investigation or disciplinary action currently pending against you by any regulatory authority? \_\_\_\_\_ YES \_\_\_\_\_ NO

\* Have you or an organization of which you are or were an officer, principal, qualifying party or major shareholder ever been issued a Cease and Desist Order for contracting/practicing without a license in electrical work? \_\_\_\_\_ YES \_\_\_\_\_ NO

## 4. AFFIDAVIT OF APPLICANT/ OWNER PRESIDENT:

**I, the applicant** listed on this application, am a full-time employee in a responsible management position with the applicant requesting this license. **I, the applicant,** and **I the owner / president** affirm that all statements contained herein are true and correct to the best of our knowledge. **We** further understand that false or incorrect information provided by either of us may result in the cancellation or denial of license issued pursuant to this application and may be subject to civil and criminal proceedings. **We** agree that all information in this application can be verified and investigated. **We** have read, and are familiar with the Alabama code of Laws Act regulating contracting and hereby agree to abide by such laws.

\_\_\_\_\_  
Signature of Applicant Title Date

\_\_\_\_\_  
Signature of Owner / President Title Date

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public My Commission Expires \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

**\*\*\*Note: MUST BE SIGNED & NOTARIZED OR APPLICATION WILL BE RETURNED.**

**PROOF OF CITIZENSHIP**  
*Code of Alabama 1975, Section 31-13-29(g)*  
From Act 2012-491

1. A driver's license or non-driver's identification card issued by the Alabama Department of Public Safety or the equivalent governmental agency of another state within the United States, provided that the governmental agency of another state within the United States required proof of lawful presence in the United States as a condition of issuance of the driver's license or non-driver's identification card.
2. A birth certification indicating birth in the United States or one of its territories.
3. Pertinent pages of a United States valid or expired passport identifying the person and the person's passport number, or the person's United States passport.
4. United States naturalization documents on the number of certificate of naturalization.
5. Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the immigration and Nationality Act of 1952, as amended.
6. Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.
7. A consular report of birthday abroad of a citizen of the United States of America.
8. A certification of citizenship issued by the United States Citizenship and Immigration Services.
9. A certification of report of birth issued by the United States Department of State.
10. An American Indian card, with KIC classification, issued by the United States Department of Homeland Security.
11. Final adoption decree showing the person's name and United States birthplace.
12. An official United States military record of service showing the applicant's place of birth in the United States.
13. An extract from the United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States.
14. AL-Verify.
15. A valid Uniformed Services Privileges and Identification Card.
16. Any other form of identification that the Alabama Department of Revenue Authorizes, through administrative rule promulgated pursuant to the Alabama Administrative Procedure Act, to be used to demonstrate or confirm a person's United States citizenship or lawful presence in the United States, provided that the identification requires proof of lawful presence in the United States as a condition of issuance.

**CITIZENSHIP** This section to be completed in compliance with Ala. Code § 34-14A-7 and Ala. Code § 41-13-7.

This section must be completed by the individual responsible in charge or if the responsible in charge is a corporation, limited liability company, or partnership by the responsible in charge.

1) Are you a citizen of the United States?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If "yes" please read the declaration below, sign, and continue to section 2.

If "no," see question 2 below.

**PROVIDE PROOF BY SUBMITTING ONE OF THE ITEMS LISTED ON ATTACHMENT**

I hereby declare that I am a citizen of the United States of America and, *I sign this declaration under penalties of perjury*; making a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to Ala. Code § 13A-10-102.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

2) If you are not a citizen of the United States, are you an alien who is lawfully present in the United States of America?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If "yes" please read the declaration below and sign.

**PROVIDE PROOF BY SUBMITTING ONE OF THE ITEMS LISTED ON ATTACHMENT**

*I hereby declare that I am an alien lawfully present in the United States of America. I sign this declaration under penalties of perjury*; making a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to Ala. Code § 13A-10-102.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ALL APPLYING FOR AN ELECTRICAL CONTRACTORS LICENSE MUST  
COMPLETE THIS INFORMATION (RECIPROCAL ALSO)**

**BUSINESS ENTITY JOB LIST**

LIST OF JOBS AND/OR EDUCATION YOU SUPERVISED TO DEMONSTRATE 8,000 HRS EXPERIENCE.  
(IF CLAIMING EDUCATION YOU MUST LIST HERE AND ENCLOSE PROOF OF EDUCATION)

NAME OF BUSINESS APPLYING: \_\_\_\_\_ APPLICANT: \_\_\_\_\_

	NAME AND BRIEF DESCRIPTION (Description to show you supervised job) OF JOB THAT YOU SUPERVISED	TOTAL PROJECT HOURS	LOCATION OF JOB CITY/STATE
A. JOB START DATE (Mo/Yr)			
B. JOB COMPLETION DATE (Mo/Yr)			
A. JOB START DATE (Mo/Yr)			
B. JOB COMPLETION DATE (Mo/Yr)			
A. JOB START DATE (Mo/Yr)			
B. JOB COMPLETION DATE (Mo/Yr)			

NOTE: If you require additional space, photo copy this page and attach additional pages to application.

# WORK AFFIDAVIT

The information below is requested by the Alabama Electrical Contractors Board and must accompany the application of an applicant to take the Electrical Contractors Examination or Journeyman Electricians Examination.

Applicant must furnish the Board a separate affidavit from each employer or company listed on this application, certifying the hours in electrical construction work. **Applicant CANNOT certify his/her own electrical hours. If applicant is self-employed do not use this form: Sign both sections under Section 4. Affidavit of Applicant / Owner President.**

## TYPED OR PRINTED NEATLY

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I hereby certify that

\_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

\_\_\_\_\_, was employed by \_\_\_\_\_  
Social Security Number Company Name

\_\_\_\_\_ in the capacity of:  
Company Address, City, State, Zip Code

**If employed in more than one capacity, list each Supervisory Position / Title and the period of time applicable. Dates on work affidavit must match dates listed on the Business Entity Job list.**

Supervisory Position/Title \_\_\_\_\_ from the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
through the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. Total hours worked \_\_\_\_\_

Supervisory Position /Title \_\_\_\_\_ from the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
through the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. Total hours worked \_\_\_\_\_

Total Time Worked \_\_\_\_\_

I certify that the above statements are true and correct according to the Company Records and/or my personal knowledge.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Name (PLEASE PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
NOTARY  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Company

\_\_\_\_\_  
LIC # or Title

(Seal)

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Phone Fax

Email: \_\_\_\_\_

**FOR BOARD USE ONLY**

**DATE APPLICATION REVIEWED:** \_\_\_\_\_

**BOARD MEMBER ONE**

**APPROVED FOR EXAMINATION:** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**BOARD MEMBER'S INITIAL** \_\_\_\_\_

**DISAPPROVED FOR EXAMINATION DUE TO:** \_\_\_\_\_

\_\_\_\_\_

**BOARD MEMBER TWO**

**APPROVED FOR EXAMINATION:** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**BOARD MEMBER'S INITIAL** \_\_\_\_\_

**DISAPPROVED FOR EXAMINATION DUE TO:** \_\_\_\_\_

\_\_\_\_\_

**APPROVED / DENIED FOR RECIPROCITY** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**EXECUTIVE SECRETARY** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_