



West Virginia State Fire Marshal's Office
Regulatory & Licensing Division

Application for West Virginia
Reciprocal Electrician License

WV State Fire Marshal's Office
Regulatory and Licensing
1700 MacCorkle Ave SE, 4th Floor North
Charleston, WV 25314
Phone: (304) 558-2191

Updated 09/2023

Requirements and Instructions for Electrical Licensure based on Reciprocity:

1. You must be at least **18** years of age.
2. You must currently be licensed by the state or jurisdiction from which you are applying, and you must submit a **copy of your current license** along with a “**Letter of Good Standing**” from the agency or licensing board of that state or jurisdiction. The Letter of Good Standing must be for the **individual seeking licensure** (The WVSFMO only licenses individuals. Contracting licenses are issued by the West Virginia Department of Labor). The Letter of Good Standing must include the following information:
 - Licensee’s Name
 - License Number
 - License Type
 - License Issue Date
 - License Expiration Date
 - How the License was obtained
 - Whether Any Disciplinary Action has been taken
3. You **must** meet the West Virginia minimum work qualifications for electrical licensure:
 - **Master:** 2 years (24 months) or 4,000 hours of aboveground hands-on electrical work experience.
 - **Journeyman:** 1 year (12 months) or 2,000 hours of aboveground hands-on electrical work experience.
 - **Specialty:** 1 years (12 months) or 2,000 hours of aboveground hands-on electrical work experience in the specialty for which you are applying.

Specialties Include: Electric Sign, HVAC, Low Voltage, Single Family Dwelling
4. You **must** complete the application for licensure **legibly** and in ink, then submit it along with the \$50.00 license fee via **Check or Money Order made payable to WVSFMO**. Incomplete or illegible applications, or applications submitted without the proper documentation or payment will be returned to the applicant without review. **NO CASH PAYMENT**
5. Your social security number will be used for identification purposes only at our agency and will not be published at any time.
6. If the application is approved, you will be issued a West Virginia Electrical License card. This license card will be mailed to the address on file within 15 business days of license approval. If the application is denied, the agency will advise in writing the reason(s) for denial.

For questions regarding this application form, please call 304-558-2191.



Office Use Only	
Approved On:	
By:	Typed:
License. Number:	

Application for West Virginia Electrical License through Reciprocity

Be sure to complete all sections of this application in print and legible.

Applicant Personal Information - Please Complete All Fields

Last Name		First Name		Middle Initial	
Mailing Address					
City, State, & Zip					
Contact Number					
Email Address					
Full SS#		Date of Birth			
Employer Name		Work Phone			

Personal History

(If you answer any of these questions with yes, please explain on a separate piece of paper)

Have you ever been denied an electrical license in any State or Jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had an electrical license revoked or suspended in any State or Jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been disciplined in any State or Jurisdiction for improper electrical work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently under investigation or indictment for faulty electrical work in any State or Jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Electrical Work Experience (This section is for Electrical Work Experience Only)

Employer Name			
Employer Address			
Employer City, State & Zip			
Employer Contact		Contact Phone Number	
Employer Contact is the name of the person who can verify your electrical work experience at this employer			
Dates of Employment		Total Months Employed	
Work Setting	_____ Residential	_____ Commercial	_____ Industrial

Detailed Description of the Hands-On Electrical Work Performed – Check all that Apply

<input type="checkbox"/> Install Breaker Box	<input type="checkbox"/> Install Conduit	<input type="checkbox"/> Install Light Fixtures
<input type="checkbox"/> Install Switches	<input type="checkbox"/> Install Cable Tray	<input type="checkbox"/> Install Wire Transformers
<input type="checkbox"/> Install Panels	<input type="checkbox"/> Install Boxes	<input type="checkbox"/> Install Outlets
<input type="checkbox"/> Tie In Circuits	<input type="checkbox"/> Run Conduit	<input type="checkbox"/> Repair Existing Receptacles
<input type="checkbox"/> Repair Fixtures	<input type="checkbox"/> Repair Wiring	<input type="checkbox"/> Repair Control Panels
<input type="checkbox"/> Design Systems	<input type="checkbox"/> Interpret Blueprints	<input type="checkbox"/> Other (Please Explain Below)

Employer Name			
Employer Address			
Employer City, State & Zip			
Employer Contact		Contact Phone Number	
Employer Contact is the name of the person who can verify your electrical work experience at this employer			
Dates of Employment		Total Months Employed	
Work Setting	_____ Residential	_____ Commercial	_____ Industrial

Detailed Description of the Hands-On Electrical Work Performed – Check all the Apply

<input type="checkbox"/> Install Breaker Box	<input type="checkbox"/> Install Conduit	<input type="checkbox"/> Install Light Fixtures
<input type="checkbox"/> Install Switches	<input type="checkbox"/> Install Cable Tray	<input type="checkbox"/> Install Wire Transformers
<input type="checkbox"/> Install Panels	<input type="checkbox"/> Install Boxes	<input type="checkbox"/> Install Outlets
<input type="checkbox"/> Tie In Circuits	<input type="checkbox"/> Run Conduit	<input type="checkbox"/> Repair Existing Receptacles
<input type="checkbox"/> Repair Fixtures	<input type="checkbox"/> Repair Wiring	<input type="checkbox"/> Repair Control Panels
<input type="checkbox"/> Design Systems	<input type="checkbox"/> Interpret Blueprints	<input type="checkbox"/> Other (Please Explain Below)

Electrical Work Experience Continued (This section is for Electrical Work Experience Only)

Employer Name			
Employer Address			
Employer City, State & Zip			
Employer Contact		Contact Phone Number	
Employer Contact is the name of the person who can verify your electrical work experience at this employer			
Dates of Employment		Total Months Employed	
Work Setting	_____ Residential	_____ Commercial	_____ Industrial

Detailed Description of the Hands-On Electrical Work Performed – Check all that Apply

<input type="checkbox"/> Install Breaker Box	<input type="checkbox"/> Install Conduit	<input type="checkbox"/> Install Light Fixtures
<input type="checkbox"/> Install Switches	<input type="checkbox"/> Install Cable Tray	<input type="checkbox"/> Install Wire Transformers
<input type="checkbox"/> Install Panels	<input type="checkbox"/> Install Boxes	<input type="checkbox"/> Install Outlets
<input type="checkbox"/> Tie In Circuits	<input type="checkbox"/> Run Conduit	<input type="checkbox"/> Repair Existing Receptacles
<input type="checkbox"/> Repair Fixtures	<input type="checkbox"/> Repair Wiring	<input type="checkbox"/> Repair Control Panels
<input type="checkbox"/> Design Systems	<input type="checkbox"/> Interpret Blueprints	<input type="checkbox"/> Other (Please Explain Below)

Employer Name			
Employer Address			
Employer City, State & Zip			
Employer Contact		Contact Phone Number	
Employer Contact is the name of the person who can verify your electrical work experience at this employer			
Dates of Employment		Total Months Employed	
Work Setting	_____ Residential	_____ Commercial	_____ Industrial

Detailed Description of the Hands-On Electrical Work Performed – Check all the Apply

<input type="checkbox"/> Install Breaker Box	<input type="checkbox"/> Install Conduit	<input type="checkbox"/> Install Light Fixtures
<input type="checkbox"/> Install Switches	<input type="checkbox"/> Install Cable Tray	<input type="checkbox"/> Install Wire Transformers
<input type="checkbox"/> Install Panels	<input type="checkbox"/> Install Boxes	<input type="checkbox"/> Install Outlets
<input type="checkbox"/> Tie In Circuits	<input type="checkbox"/> Run Conduit	<input type="checkbox"/> Repair Existing Receptacles
<input type="checkbox"/> Repair Fixtures	<input type="checkbox"/> Repair Wiring	<input type="checkbox"/> Repair Control Panels
<input type="checkbox"/> Design Systems	<input type="checkbox"/> Interpret Blueprints	<input type="checkbox"/> Other (Please Explain Below)

Affidavit

By signing this application, I swear and affirm that the required documentation and information submitted in and with this application is true in every respect. I fully understand that any false or misleading information may result in denial of licensure or revocation of any license obtained by providing false information. I also fully understand that by submitting fraudulent documentation or information, that I may face other penalties under law. I hereby give permission to the Office of The West Virginia State Fire Marshal to contact any employer or school provided on this application to verify the information provided by the applicant is accurate. Being qualified, according to the provisions of Chapter 29, Article 3B, Code of West Virginia, I hereby make application for licensure.

Signature		Date	
-----------	--	------	--

Mail completed application along with your **Letter of Good Standing** and
the license fee of **\$50.00** payable via check or money order made out to **WVSFMO** to the below address:

West Virginia State Fire Marshal's Office
Regulatory and Licensing
1700 MacCorkle Ave SE, 4th Floor North
Charleston, WV 25314

DO NOT SEND A CASH PAYMENT