Licensing Division, MS 6006
Department of Inspections and Permits
2664 Riva Road, Annapolis, MD 21401
Telephone: (410) 222-7788
Fax: (410) 222-4488
www.aacounty.org

UTILITY CONTRACTOR'S LICENSE
EXAM APPLICATION

Exams are based on the DPW Utility Design Guidelines, which are available on-line at aacounty.org or through DPW Engineering at 410-222-7540. **A $75.00 fee must accompany this application.** Make your check payable to "Anne Arundel County."

Please read the instructions carefully, before you begin to complete this application.

Persons applying to take the Utility Contractor's License examination as a representative of a corporation, partnership, or proprietorship must complete the entire application. Individuals applying to take the examination shall complete Sections I, III and IV. Duplicate as many copies of Section IV as necessary to document your current and past hands-on experience of not less than four years. Applicants must provide reference letters from a licensed utility contractor or licensed master plumber stating the length of employment and the type of work performed under their supervision.

Name of applicant_____ Date _____

Home Address_____

_____ Phone _____

E-Mail Address_____ FAX Number _____

Incomplete applications or applications failing to show adequate experience will be denied. Applicants who qualify will be notified of time and place of exam once the Plumbing Commission has completed its review.

********** Do Not Write Below This Line **********

DATE APPLICATION ACCEPTED _____

DATE APPLICATION DENIED _____

REASON FOR DENIAL_____

INITIALS OF COMMISSION MEMBERS_____

SECTION I

TO BE COMPLETED BY ALL APPLICANTS

1. Are you a Master Plumber? _____ If so, please indicate your State License Number, your County License Number, (if any) and indicate how long you have held such a license.

   _____

   If you are a Master Plumber and have held a license for four or more years, you may disregard the remaining questions in this section. Please attach a copy of your current plumbing license.

2. While gaining the necessary experience to be examined for the Utility Contractor's License, did you work under the supervision of a licensed Master Plumber or a person actively engaged in the Utility Contracting business? _____ Please identify the name or names of those individuals and describe the type of work in which you were engaged.

   _____

   _____

3. In what other Counties, Cities or States are you licensed as a Utility Contractor?

   _____

   _____

4. In what other Counties, Cities or States are you approved by the Public Works Department for construction of water, sewer or Storm Drainage Systems under Capital Projects?

   _____

   _____

SECTION 1 (continued)

TO BE COMPLETED BY ALL APPLICANTS

List in tabular form all employment you have had which is related to Utility Construction Work, putting your present or last employment first and others in order back to your first position in the Utility Construction Business, as far as you are able.

State In Order:	***Responsibility***		***Time in Years & Months***
EMPLOYMENT RECORD Name, location and character of business of employer, kind of work done by applicant, and degree of responsibility thereof	**Without Responsibility**	**With Responsibility**	**Total Time**

SECTION II

TO BE COMPLETED BY A CORPORATION SEEKING TO OBTAIN A UTILITY CONTRACTOR LICENSE FOR AN EMPLOYEE

1. Name and Legal address and Phone number of business

   _____

   _____

2. Name of person to be examined _____

3. Type of Organization (circle one): Corporation Partnership Proprietorship

4. How long in business? _____

5. If incorporated, indicate state and year of incorporation _____

6. Names and address of officers, owners, and principal stockholders:

   President _____

   Secretary _____

   Treasurer _____

   Majority Owners (more than 10%) _____

7. Type of business _____

8. Number and type of personnel normally employed on full time basis _____

   _____

   Administrative and clerical _____

   Construction _____

   a. Are any of your employees licensed master plumbers? _____YES _____NO
      If yes, list their names and license numbers.

   _____

   _____

   _____

SECTION II (continued)

9. COMPLETED PROJECTS WITHIN LAST FOUR YEARS.

Project Name & Location	***Owner Name & Address***	***Completed Const. Cost***	***Completed Date***

SECTION II (continued)

10. Total value of work completed in last four years _____

11. Total value of work in process _____

12. Have you ever failed to complete any work awarded to you? _____

    If so, where and why?

    _____

    _____

    _____

13. Has any officer or partner of your organization ever failed to complete a construction contract handled in his own name? _____

    If so, state name of individual, name of owner and reason therefore.

    _____

    _____

    _____

    _____

SECTION III

PERSONAL CERTIFICATION OF INDIVIDUAL SEEKING TO TAKE EXAMINATION

NOTE: The following must be typed or printed.

Full and accurate answers to the following questions are necessary in order to complete this application.

Name in full _____

Name of corporation, partnership, or proprietorship (if applicable) _____

_____

Length of residence in Maryland _____ years _____ months

Place of birth _____ If not a U.S. citizen, attach work authorization.

Date of birth _____ Age on last birthday _____years

How many years have you been engaged in the business of installing sewer, water and storm drain systems? _____

Have you ever filed an application for this license before? _____

Have you ever had an application rejected or denied? _____

Have you previously been examined for this license? _____

_____
Signature of Applicant

Application & Exam Fee: $75 License Fee: $60

****

STATE OF MARYLAND, ANNE ARUNDEL COUNTY, TO WIT:

I HEREBY CERTIFY, that on this _____ day of _____, _____, before me the Subscriber a Notary Public in _____ personally appeared _____ and he/she made oath in due form of law that the facts set forth in the foregoing application for examination are true and bona fide to the best of his/her knowledge and belief.

_____
Notary Public

(SECTION IV)

VERIFICATION OF EXPERIENCE

THIS FORM IS TO BE DETACHED and completed by a licensed Master Plumber or certified Utility Contractor (past or present employer) attesting to your experience in the trade. This form must be notarized (*form may be duplicated for multiple employers*).

To the best of my knowledge, the following applicant "has at least four years experience in construction, altering, repairing, modifying, and installing water distribution and sewage collection systems and storm drainage systems under the supervision of a licensed Master Plumber or a person actively engaged in the utility contractor business."

Note: EXPERIENCE MUST BE HANDS-ON WORK IN THE TRENCHES. Experience as a supervisor or estimator is not considered hands-on experience.

Name of employee _____

Name of employer _____

Address of employer_____

_____

Employer Telephone _____

Length of time employed by this company _____

Employee's duties while working under the undersigned _____

_____

_____

_____	_____
Printed name of licensed master plumber or utility utility contractor	Signature of licensed master plumber or utility contractor License #_____ Attach copy of license

****

State of Maryland, Anne Arundel County, to Wit:

I hereby certify that on the _____ day of _____, 20_____, _____

personally appeared before me, a Notary Public of the State and County aforesaid, and made oath in due form of law

that the matters and facts set forth herein are true.

_____

Notary Public

(Seal) My commission expires: _____