



2025 Application for West Virginia State Electrical Examination

IMPORTANT INFORMATION

Please type or print your information on the application legibly.

- Applications will **not** be processed unless they are filled out, signed, include any additional required documentation, and are **accompanied by the exam fee**.
- Exam fee with paper application is payable via check or money order only. Please make payable to: **WVSFMO**.
- **We DO NOT accept cash, debit, or credit cards with paper applications.** Any checks that are returned as “insufficient funds” are subject to penalty as allowed by WV State Code.
- Exam fees are **non-refundable**; however, we do allow you to reschedule your exam if we are notified no later than the day of the exam. You may reschedule up to three times within 12 months of the original exam date at no additional cost.
- Work experience must be completed by listing the minimum amount of work experience required for the requested testing level. Please carefully read the requirements necessary for each exam level. **Give a short-detailed description of your hands-on job duties such as installed breakers, lighting, ran conduit, pulled wire, etc.** Please do not attach a resume. If necessary, make an additional copy of the work experience page.
- Each application MUST include a **SIGNED SIGNATURE** page.
- Please do not submit original documents of any sort as we are unable to return them to you.
- Once your application is reviewed you will receive written notification of acceptance or denial of your application within 15 business days.
- All exams are open book exams solely based on the 2020 National Electric Code Book, which are NOT provided by the Fire Marshal’s Office; they may be purchased at any electrical supply store. Calculators, book tabs, keyword indexes, and Ugly’s reference books are allowed. Study guides, test prep courses, or practice exams are not available.
- Any code or reference materials found with written questions and answers will be confiscated and viewed as an attempt to cheat on the test.

- Any attempt at cheating will disqualify the applicant from testing.
- Exams begin at **9:00am** for Beckley, Charleston, Clarksburg, and Martinsburg. **Wheeling exams begin at 10:00am.**
- Check-in for exam begins 30 minutes prior to the exam start time.
- We allow no more than **4 hours** for the completion of the examination. You may only take **ONE** level of exam on each date.
- If you need special consideration due to a disability, please submit a written request along with a Physician's Statement with your initial application so that we can try to accommodate your needs.
- Your examination results will be mailed to you within 15 business days of the exam date. Passing exam score must be 70% or higher. **DO NOT CALL THE OFFICE FOR EXAM RESULTS**
- There is no set amount of time you must wait in between exams before being able to retest. If you choose to do so, you can retest the very next available exam date.
- Seating is limited for each exam date and location. Applications must be received in our office at least 7 business days prior to the test date to be considered to sit for an exam.

If you need further information, please call (304) 558-2191 and ask to speak with licensing.

Test Locations:

Beckley: Academy of Careers and Technology	390 Stanaford Rd	Beckley, WV
Charleston: Beni Kedem	100 Quarrier Street	Charleston, WV
Clarksburg: United Technical Center	251 Marietta Street	Clarksburg, WV
Martinsburg: James Rumsey Technical Institute	3274 Hedgesville Rd	Martinsburg, WV
Wheeling: Oglebay Resort – Allegheny Room	465 Lodge Drive	Wheeling, WV

Please submit your completed application, all required documentation, and the exam fee via Check or Money Order (made out to WVSFMO) to the below address:

WEST VIRGINIA STATE FIRE MARSHAL'S OFFICE

Regulatory and Licensing Division
1700 MacCorkle Ave SE, 4th Floor North
Charleston, WV 25314

Qualification Requirements:

Journeyman Electrician

To qualify to take the **Journeyman** exam, you must meet **at least ONE of the THREE** requirements below:

You must show at least **1 year (12 months) or 2,000 hours** of actual, hands-on electrical work experience. All work experience shall consist of **above ground structural wiring** in accordance with the National Electric Code.

OR

COMPLETED an apprenticeship program approved by the **US Dept of Labor**.

OR

COMPLETED a West Virginia vocational course of not less than 1080 hours which has been approved by the **West Virginia Dept of Education**.

YOU MUST PROVIDE A COPY OF YOUR CERTIFICATE OF COMPLETION FROM YOUR APPRENTICESHIP OR VOCATIONAL PROGRAM.

Master Electrician

You must show at least **2 years (24 months) or 4,000 hours** of actual, hands-on electrical work experience. All work experience shall consist of **above ground structural wiring** in accordance with the National Electric Code.

Please note: Vocational training cannot be counted towards the required work experience.

Specialty Electrician - HVAC; Electric Sign; Single Family Dwelling; Low Voltage

You must show at least or **1 year (12 months) or 2,000 hours** of actual, hands-on electrical work experience in the **specialty area** for which you will be testing. All work experience shall consist of **above ground structural wiring** in accordance with the National Electric Code.

You may apply 1 year (12 months) of approved educational courses toward your work experience.

Application for West Virginia Electrical Examination

1. Applicant Information (please print neatly) – All fields must be completed to process

Last Name		First Name		M Int	
Mailing Address					
City		State		Zip	
Home Phone		Cell Phone			
E-Mail Address					
Social Security #	_____ - _____ - _____		Date of Birth		
Present Employer			Work Phone		
Employer Address					

2. Exam Level Please check level of exam you wish to take:

<input type="checkbox"/> Journeyman \$ 25.00	<input type="checkbox"/> Master \$ 25.00
<input type="checkbox"/> Low Voltage \$ 25.00 <input type="checkbox"/> HVAC \$ 25.00 <input type="checkbox"/> Single Family Dwelling \$ 25.00 <input type="checkbox"/> Electric Sign \$ 25.00	

3. 2025 Exam Dates & Location Please circle your preferred date and location.

Charleston	JAN 11	MAR 4	MAY 13	JULY 22	SEP 16	NOV 4
Beckley	FEB 4	APR 18	AUG 5		OCT 7	
Clarksburg	FEB 11	APR 18	AUG 12		OCT 21	
Martinsburg	JAN 24	MAR 18	MAY 20	JULY 29	SEP 23	NOV 18
Wheeling (Oglebay Resort)	FEB 25	APR 29		AUG 19		OCT 28

If the requested test date is already full, we will automatically schedule you for the next available date in the same location unless you note a different date/location choice below.

☐ schedule for _____

4. 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 (List Start & End Date using MM/DD/YYYY format)		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			
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<input type="checkbox"/> Design Systems	<input type="checkbox"/> Interpret Blueprints	<input type="checkbox"/> Other (Please Explain Below)	

5. Electrical Work Experience Continued

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 (List Start & End Date using MM/DD/YYYY format)		Total Months Employed	
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<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)	

5. Formal Training

Have you completed an approved WV Dept. of Ed. (1080 hour) vocational course?

☐ Yes ☐ No



YOU MUST ATTACH A COPY OF YOUR CERTIFICATE OF COMPLETION

Name of School

School Address

Have you completed a US Dept. of Labor approved, formal apprenticeship program?

☐ Yes ☐ No



YOU MUST ATTACH A COPY OF YOUR CERTIFICATE OF COMPLETION

Name of Program

Sponsor

Sponsor Address

6. 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 examination 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 examination for licensure.

Applicant Signature: _____ Date: _____

Please submit your completed application, all required documentation, and the exam fee via Check or Money Order (made out to WVSFMO) to the below address:

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