

2024 Application for West Virginia State Electrical Examination

IMPORTANT INFORMATION

Please type or print your information on the application <u>legibly</u>.

- Applications will <u>not</u> be processed unless they are filled out, signed, include any additional required documentation, and are <u>accompanied by the exam fee.</u>
- 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.

<u>OR</u>

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

<u>OR</u>

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 In	formation (ple	ease print n	neatly)	– All fi	elds	must	be con	nplet	ed to	proc	ess	
Last Name			Firs	st Name							M Int	
Mailing Address										L		
City						State		Zip				
Home Phone				Cell Pho	one				I			
E-Mail Address												
Social Security #			<u>-</u>				Date o	f Birth	1			
Present Employer							Work F	Phone)			
Employer Address							1		1			
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2. Exam Level	Plea	se check le	evel of	exam y	you	wish t	to take:					
□ Jo	urneyman \$ 2	5.00				□ M	laster \$	25.00)			
□ Low Voltage \$ 25	5.00 🗆 HVAC	\$ 25.00 🗆	Single	Family	Dwe	elling \$	25.00	□ Ele	ectric	Sign	\$ 25.0	00
3. 2024 Exam Dates & Location Please circle your preferred date and location.												
Charleston		JAN 30	APR	-2	JUN	IE 11	JULY 3	80	SEP 1	17	NO	V 19
						T						
Beckley		FED-27	7	A.P	D 30)	AU	G 6		1	NOV 1	9
						T						
Clarksburg		FED-43	3	MA	¥ 7		AL	JG 13			ост 2	29
			T									
Martinsburg		J AN-20	MA	R-12	MA	Y 21	JULY 10	6	SEP 2	24	NO	V 12
Wheeling (Ogleba	y Resort)	FED-6		AP	R-23	-	JUI	LY 23		(OCT 2	2
If the requested tes	t date is alread	dy full, we wi	ill auto date/lo	maticall ocation	ly sc choi	hedule ce belo	you for ow.	the i	next a	vailal	ole da	te in

□ schedule for _____

Employer Name Employer Address Employer City, State & Zip		uicai	VVOI	K EX	perience (Only	
Employer City State & Zin							
Employer City, State & Zip							
Employer Contact		Conta Numb		one			
Employer Contact is the name of the p	person who can verify your ele	ctrical	work	expe	rience at th	is employer	
Dates of Employment (List Start & End Date using MM/DD/YYYY format)					l Months loyed		
Work Setting	Residential	Cor	nmer	cial		_Industrial	
Detailed Description of the Ha	lands-On Electrical Work Perfo	rmed -	- Che	ck all	that Apply		
□Install Breaker Box	 □Install Conduit		□lns	stall I	_ight Fixtu	res	
□Install Switches	□Install Cable Tray				Wire Trans		
□Install Panels	□Install Boxes				Outlets		
☐Tie In Circuits	□Run Conduit					Receptacles	
□Repair Fixtures □	□Repair Wiring		☐ Repair Existing Receptacles ☐ Repair Control Panels				
□Design Systems	☐Interpret Blueprints		Other (Please Explain Below)				
Employer Name							
Employer Name Employer Address							
Employer Name Employer Address Employer City, State & Zip							
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Employer Address Employer City, State & Zip		Numb	er		rience at th	is employer	
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5. Electrical Work Experience	e Continued					
Employer Name						
Employer Address						
Employer City, State & Zip						
Employer Contact		Contac Numbe	t Phone r			
Employer Contact is the name of the	person who can verify your ele	ectrical w	ork expe	rience at thi	s employer	
Dates of Employment (List Start & End Date using MM/DD/YYYY format)				I Months loyed		
Work Setting	Residential	Com	mercial		_Industrial	
Detailed Description of the	Hands-On Electrical Work Per	formed –	Check all	that Apply		
☐Install Breaker Box	☐Install Conduit		□Instal	I Light Fix	tures	
☐Install Switches	☐Install Cable Tray		□Instal	I Wire Tra	nsformers	
□Install Panels	☐Install Boxes		□Instal	I Outlets		
☐Tie In Circuits	□Run Conduit		□Repa	ir Existing	Receptacles	
□Repair Fixtures	☐Repair Wiring		□Repa	ir Control	Panels	
□Design Systems	☐Interpret Blueprints		□Othe	r (Please E	xplain Below)	
Employer Name						
Employer Address						
Employer City, State & Zip						
Employer Contact		Contac Numbe	t Phone r			
Employer Contact is the name of the	person who can verify your ele	ectrical w	ork expe	rience at thi	s employer	
Dates of Employment (List Start & End Date using MM/DD/YYYY format)				l Months loyed		
Work Setting	Residential	Com	mercial		_Industrial	
Detailed Description of the Hands-On Electrical Work Performed – Check all that Apply						
☐Install Breaker Box	☐Install Conduit		□Instal	I Light Fix	tures	
☐Install Switches	☐Install Cable Tray		□Instal	I Wire Tra	nsformers	
□Install Panels	☐Install Boxes		□Instal	I Outlets		
☐Tie In Circuits	☐Run Conduit		□Repa	ir Existing	Receptacles	
□Repair Fixtures	□Repair Wiring		□Repa	ir Control	Panels	
□Design Systems	☐ Interpret Blueprints		□Othe	r (Please E	xplain Below)	

5. Formal Training						
or rolling training						
Have you completed an approve 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. apprenticeship program?	of Labor approved, formal	□ Yes □ No				
YOU MUST ATTACH A COPY OF YOUR CERTIFICATE OF COMPLETION						
Name of Program						
Sponsor						
Sponsor Address						
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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:						
Applicant Orginature.						

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

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