Introduction:
This Bulletin provides information on the requirements as well as the process for achieving licensure. Candidates are eligible for the two-part examination when their application and supporting documentation are approved. To be approved for examination by the Board of State Examiners of Electricians, candidates must have the required work requirement and education. The Board has contracted with PSI to process applications, field any questions on applications, notify candidates and conduct examinations. Hence PSI will always have the most up-to-date information on applications and exams.

- Applicants may seek legal counsel at any time during the application process.
- The Exam Candidate Information Bulletin is written by the Board and includes the Board’s Policies and Procedure as regards the exam process to achieve licensure.
- References to the Massachusetts General Laws (MGL) or the Code of Massachusetts Regulations (CMR) may be excerpted or paraphrased - for the accurate quotes please see the official versions. An exact version is available on the Board’s website. Original copies of the CMRs may be obtained from the State Bookstore located:
  
  State House, Room 116
  Boston, MA 02133
  (617) 727-2834
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QUICK REFERENCE QUESTIONS:

1. Where do I send my application?
   
   **MAELAPPS@PSIONLINE.COM**
   
   Or
   
   PSI Examination Services
   
   3210 E Tropicana Ave
   
   Las Vegas, NV 89121
   
   (800) 733-9267
   
   Applications are not processed at the Board. The receipt date of your application is the date the emailed or mailed application is received at PSI.

2. How often are exams given? Exams are scheduled daily at the various test sites. See the section on Exam Preparation for a list of the sites available.

3. What is the average wait time for my application to be reviewed and/or approved? The application review process can take up to 30 days depending on the volume of applicants at any given time. If have any preexisting circumstances that may slow down review of your application such as a police record or credentials from out of state or country this may increase the review time.

4. Where are the test sites? Auburn, Boston, Fall River, Lawrence, Springfield.

5. Who is responsible for signing my work form? The company representative may sign or in the case of a sole proprietor the immediate supervising licensee. In either case the Journeyman who supervised such work must be indicated with his/her license number.

6. When I pass my exam, when will I get my license?
   
   Licenses should be paid for in advance or on the day you pass the exam then your license will be printed and handed to you. If you do cannot pay for the license at the test site, you should arrange with PSI on how you can pay for and obtain your license at a later date.

7. What types of examinations are given? What will I be tested on? See -Preparing for an Examination and The Examinations Process.

8. Are there special testing accommodations for candidates with disabilities? See -The Examinations Process Part II - Americans with Disabilities Act.

9. What is the passing score for each part of the two-part examination? See -The Examination Process Part V - Examinations.

10. What materials are allowed in the examinations?
   
   The Examination Process Part IV - Items allowed/used as an aid during an examination.

11. Are I allowed to have tabbing, highlighting, underlining or handwritten notes in books? Underlining and highlighting of the original text is allowed but handwritten notes would not be admissible. See -The Examination Process Part IV.

12. Will I find out whether I have passed or failed an examination the same day? Yes, if you passed the entire exam and already paid the license fee you will be issued a license the same day.

13. How do I
   
   • Review my exam Questions?
   
   • Review and/or appeal my exam score?
   
   See Reviews and Appeals Part I

14. What is the refund policy or penalties? See Reviews and Appeals Part IV

15. When am I considered licensed to work in the business of electrical and or security and fire alarms? You are considered licensed to install electrical for hire when:
   
   • You have received notice of a passing score on each part of your examination and;
   
   • You have in your possession a printed, photo license issued from the Board or a temporary license.
   
   Security Systems Installers please read question number 13 below.

16. When will the examinations be based on NEW code editions or amendments?
   
   • New exam items may be added to the examinations, to reflect the adoption of a current Code, or adoption of other related Regulations or laws seven months from the enforcing date of such Code, Regulation or Law.
   
   • If you are testing in several months, check for updated versions of this bulletin that might reflect examination changes.

17. Are there any additional requirements to install security systems? YES! Anyone who installs Security systems is required to obtain a Security Clearance Certificate (S-License) from the Division of Professional Licensure Office of Public Safety and Inspections in addition to being licensed by the Board. Applications may be obtained online at: https://www.mass.gov/s-license-and-certificate-of-clearance or at:

   Division of Professional Licensure
   
   Office of Public Safety and Inspections
   
   1000 Washington St Suite 710
   
   Boston, MA 02118
   
   (617) 727-3200

   Applications for Examination:
   
   • Applications for examination are included in this Bulletin. Additional forms may be downloaded from the MA website or PSI exam website:
There are 5 vital items to the exam application:

1) The Registration form
2) Education documentation (out of state applicants see additional info below):
   a. Journeyman
      i. High school diploma
      ii. 600hrs Journeyman curriculum
   b. Systems Technician
      i. High school diploma
      ii. 300hrs Systems curriculum
   c. Master - 150 hr Master curriculum
   d. Systems Contractor - 75 hr Contractor curriculum
3) Work experience documentation (out of state applicants see additional info below):
   a. Journeyman - 4 yrs with 8000 hrs
   b. Systems Technician - 2 yrs with 4000 hrs
   c. Master - 1 yr as MA Journeyman
   d. Systems Contractor - 1 yr as MA Systems Technician
4) CORI authorization form
   - The Board will request CORIs on all applicants for licensure prior to approving or denying their application.
   - If you are selected for a limited appearance to answer questions about your CORI data, you will be notified via mail or email with specifics of the meeting. The Board renders its decision at that meeting. If approved PSI will then be notified and you will be able to continue with the exam process.
   - If you have out of state infractions, you should provide additional information on application. If you do not the Board staff will contact you for that information.
5) Certificate documentation of completing a 15 Hour Code Update from a Board approved provider as required by regulation.

Expiration of education or work experience:
For the purpose of qualifying for examination, education is considered expired if 20 years from the date of commencement and work experience is considered expired if more than 20 years prior to application date.

Application form
- The Application must be completed in its entirety, typed or written in ink by the applicant, signed and notarized.
- Candidates must complete all personal data (full names) and information fields on the application for official license record.
- Candidates must indicate which examination they are applying for.
- If applying for a Master or Systems Contractor exam you must enter your Journeyman or Systems Technician license number and the issue date in the spaces provided on the form.
- If applying for a Master or Systems Contractor as an out of state applicant you must indicate as directed on application.
- If making an application for re-exam you must enter previous exam history in the space provided.

School/Education forms
- All forms must be completed and signed by a school official indicating his or her title.
- All forms must include the signature with the license number of the electrical instructor(s) or evening director as applicable.
- All forms must include the school seal

Military Spouses: In addition to completing an application package, submit a copy of your military ID card and documentation that
   a) your spouse is a member of the armed forces of the United States;
   b) your spouse is the subject of a military transfer to Massachusetts; and
   c) you left employment in another state to accompany your spouse to Massachusetts.

Veterans credit: Applicants who qualify as a veteran per M.G.L. c. 4, § 7, clause forty-third must submit a copy of discharge form (forms DD214 and DD215) to receive benefits of the Valor ACT and 5 points exam credits.

Which school form to use?
- Form 222 is for Journeyman and Systems Technician education programs in a public vocational school approved by the Department of Education under M.G.L. c 74 or in a private occupational school programs licensed by the Department of Education under M.G.L. c 93 or in a college/university program. Such educational programs are required to include shop and or cooperative work experience along with related classroom theory. Max credit awarded is 300hrs class.
- Form 223 is for non-vocational day or evening Journeyman and Systems Technicians programs approved by the Department of Education under M.G.L. c 74 or private occupational school program licensed by the Department of Education under M.G.L. c 93 or in a college/university program. Such programs typically do not provide shop or cooperative work experience. Any shop or coop would not be counted for the exam.
• Form 224 is for Organizations providing in-house education programs for their employees or members as described in Section 13 of 237 CMR. Such educational programs may or may not include shop and or cooperative work experience with their related programs but such programs require board approval.

• Form 225 is for Master Electrician and Systems Contractor education programs in a day or evening setting approved by the Department of Education under M.G.L. c 74 or in a private occupational school programs licensed by the Department of Education under M.G.L. c 93 or in a college/university program.

• Out of State Education Program Form is for all applicants with out of state schooling experience that may or may not be approved by the Commonwealth.

When submitting school certificates:
• All institutions with adult day or evening programs, college courses, employers or organizations for their employees or members are required to provide students with a certificate of completion. Such certificates must include the following information:
  a) Name of the approved school, college, employer or organization
  b) Name of student
  c) Program provided
  d) Date of completion
  e) Hours acquired
  f) Program Director signature
  g) Instructor signature

Non Board Approved/ Out of State Schools/ Programs
In addition to the Out of State Education Program Form applicants must submit:
• Transcripts and Documentation must be provided containing detailed supporting information regarding education sufficient to allow the Board to conclude that such education is substantially equivalent to the requirements in Massachusetts. (The Board may award full or partial credit for any education submitted from a non-Board approved school)
• Petitions for acceptance shall also be accompanied by the following documentation (Documentation must be translated in English):
  (a) A certificate of completion for each learning objective successfully completed documenting the hours acquired with commencement and the completion dates of such instruction.
  (b) A letter of accreditation from the institution recognized by a Department of Education or the equivalent authority- providing such instruction.
  (c) Description of coursework indicating the National Electrical Code, the International Electrical Code, a County regulation or regulations or codes promulgated by some other regulatory body and the code year.
  (d) The Board may request additional information regarding out of state education in its discretion, the Board may determine that and may deny credit for part or all of the education submitted.

Work experience forms
✓ Employment certification Form 272 is for Journeyman and Systems Technician applicants supervised by a Massachusetts licensee.
  o Pursuant to 237 CMR 18.01: Rules Governing Practice (3) All persons, firms, and corporations...employing learners and apprentices shall keep, or cause to be kept, accurate and detailed records of such employment for no less than nine years...
  o If an employer fails to complete an “Employment Verification form”, the Apprentice may file a complaint against the licensee responsible for documenting his hours. Do so after receipt of the Employment Verification Form has been confirmed by mailing it certified return receipt to the employer and allowing reasonable time for the employer to respond.

✓ Out of State Practical Experience Certification Form
  o These forms must be signed by three individuals, the applicant, a licensed qualified verifying agent and a professional witness not personally related to the applicant.

Out of State work experience
• Documentation of work experience on Out of State Practical Experience Certification Form for consideration must contain detailed supporting information sufficient to allow the Board to conclude that such work qualifies to meet the requirements in Massachusetts.

Out of State License
• Out of State licenses may be recognized as equivalent based on an examination, education and work criteria. However in no instance will hours less than the MA requirements be accepted as meeting qualification for examination. Applicants must submit an official Board certified verification of the current and valid license.

Additional Information on Application Process
• If your application is incomplete PSI will return your entire original application and fee to you for completion. Enclosed will be a notice explaining why your application was returned or deemed incomplete. Applications placed on hold or pending Legal will be retained by PSI for one year after which such application will be returned to the applicant.

• When applications have expired, applicants will have to complete a new application form and submit to PSI with the fees and any new documentation. Note: completing additional work and education forms are only necessary if they are new hours that you have not previously submitted.

• Applications received (PSI stamp date), within 60 days of the expiration of the applicant’s education or work experience shall be returned and the education/work experience shall be treated as expired.
Americans with Disabilities Act (ADA):
If you require special accommodations, under the Americans with Disabilities Act (ADA), please contact PSI at (800)733-9267 or the Board office at (617)727-9931 to obtain an Accommodation Request Form. All examination centers are equipped to provide access in accordance with the Americans with Disabilities Act (ADA) of 1990, and every reasonable accommodation will be made in meeting a candidate’s needs. Requests for any special accommodations should be made in writing, describing the specific accommodations that will be needed, and requests must include supporting documentation from a licensed professional. All requests for special testing arrangements must be made when the candidate registers for the examination with PSI.

FEES

1. License Fee - This fee is paid at the Test Center when you have passed the examination. These Fees are non-refundable and non-transferrable (No cash or personal checks accepted)

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<tr>
<td><strong>MA License Fee</strong></td>
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<tr>
<td>Journeyman</td>
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<tr>
<td>Master</td>
<td>$155</td>
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<td>Systems Technician</td>
<td>$104</td>
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<tr>
<td>Systems Contractor</td>
<td>$155</td>
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2. Application and exam Fee - Applicants must submit the total fee from the table below with the application to PSI (No cash or personal checks accepted). This fee does not include the license fee.

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<tr>
<td><strong>Application and exam Fee</strong></td>
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<tr>
<td>Journeyman</td>
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<tr>
<td>Master</td>
<td>$276</td>
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<tr>
<td>Systems Technician</td>
<td>$226</td>
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<tr>
<td>Systems Contractor</td>
<td>$276</td>
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ONLINE (WWW.PSIEXAMS.COM)
The fastest and most convenient method is to register online by PSI’s registration website as it can be accessed 24 hours a day.
- Create an account at the website. The online form will ask you to enter your email address and to spell your name exactly as it appears on the identification that you will be presenting at the examination center. The form will also ask you to choose the examination you applied to sit, to enter personal and contact information and schedule the examination. For the candidate ID, it is suggested that you enter your last name and last 4 digits of your phone number. The online form allows you to enter a ZIP code to see a list of examination centers. Once you select the desired examination center, you will be able to choose an available date and time for your examination.

TELEPHONE
Call (800) 733-9267 to speak with a live registrar, available Monday through Friday 7:30 am to 10:00 pm, and Saturday-Sunday 9:00 am to 5:30 pm, Eastern Time.

Re-exam candidates must have a valid VISA, MasterCard, American Express or Discover card available at the time of registration online or by phone.

RESCHEDULING/CANCELING AN EXAMINATION APPOINTMENT

PSI must receive your cancellation at least two (2) days before the scheduled examination date. For example, for a Monday appointment, you would need to cancel your appointment on or before the previous Saturday. To cancel an appointment, you can use PSI’s web site or call PSI at (800) 733-9267.

Note: You cannot cancel an appointment by leaving a voice mail message. You must use the PSI Website or speak directly to a PSI customer service representative.

Cancellation due to illness - If you were unable to appear for your scheduled exam due to an illness you may submit a letter from the doctor or hospital on letterhead indicating your condition and how it affected your ability to sit for your exam.

MISSED APPOINTMENT OR LATE CANCELLATION
You will forfeit your examination fee if you:
- Do not cancel your appointment at least two (2) days before the scheduled examination date;
- Do not appear for your examination appointment;
- Arrive after examination start time; or
- Do not present proper identification when you arrive for the examination.

SCHEDULING
After you are approved for exam, you are eligible to schedule using one of the following methods:
TEST CENTER CLOSING IN AN EMERGENCY

In the event of severe weather or emergency that forces the closure of an examination center on a scheduled examination date, PSI personnel will attempt to contact you. However, you may check the status of your examination appointment by calling (800) 733-9267 or checking the website at www.psiexams.com. Every effort will be made to reschedule your examination at a convenient time without penalty and at no additional charge to you.

EXAMINATION CENTER LOCATIONS

You must test in the state of Massachusetts.

Auburn
48 Sword St, Unit 204
Auburn, MA 01501

Boston
56 Roland St, Suite 305
Washington Crossing
Charlestown, MA 02129

Fall River
218 South Main St, Suite 105
Fall River, MA 02721
*** CASH ONLY PAID PARKING ***

Lawrence
1 Ballard Way, Suite 104
Lawrence, MA 01843

West Springfield
1111 Elm Street, Suite 32A
West Springfield, MA 01089

REPORTING TO THE TEST CENTER

On the day of the examination, plan to arrive at least 30 minutes before your appointment for sign-in, identification and familiarizing with the examination room and setup.

Late arrivals may be denied admittance to the examination and result in forfeiture of the registration fee.

Candidates who do not present the REQUIRED IDENTIFICATION upon entering the Test Center will be DENIED admittance to the examination.

If the forms of identification presented do not match the registration information on record the candidate will be denied admittance to the test center and will forfeit their examination fee.

REQUIRED IDENTIFICATION

Candidates must register for the exam with their LEGAL first and last name as it appears on their government issued identification. Candidates are required to produce two (2) forms of valid (non-expired) signature bearing identification at the test center.

PRIMARY NON-EXPIRED PHOTO IDENTIFICATION – Choose One
- Government issued driver’s U.S. Department of State Driver’s License
- U.S. Learner’s Permit (plastic card only with photo and signature)
- National/State/Country Identification Card
- US Government Issued Passport or Passport Card
- US Government Issued Military Identification Card
- US Government Issued Military Identification Card for spouses and dependents
- US Government Issued Alien Registration Card (Green Card, Permanent Resident Visa)

SECONDARY IDENTIFICATION – Choose One
- Credit/Debit Card (must be signed)
- Social Security Card
- Any additional form of ID on the prior Primary list

NOTE: Student ID or employment ID are NOT acceptable forms of identification.

THE EXAM ROOM

Exam Security and grounds for disqualification:
The following security procedures will apply during the examination, the violation of which will result in the disqualification from the examination and or further legal action:

- No electronic devices except hearing aids are allowed in the examination site. This policy is strictly enforced.
- No smoking, eating, or drinking is allowed in the examination site.
- No Copying or communicating of examination content .
- Remove -any individual papers that are not part of a paper-back, ring-binder, spiral binder or loose leaf binder type of book, or part of a multi-paged CMR, MGL, UL, or NFPA document as described in this section prior to entering the examination site. Failure to comply with this may result in disqualification and forfeiture of all fees.

Items allowed in the examination area for exam purposes
- Calculator- only non-programmable, non-printing, silent, battery-operated, non-alphabet keys.
- Code-Book- The current, adopted edition of the National Electrical code-book (the Board adopts the code on January 1 of the code year) whether paper-back, ring-binder, a spiral binder or loose leaf, tabbed or un-tabbed, containing highlighted sections and or underlined sections of the original text (the exam content is changed to comply with the code in July of each code year).
- Massachusetts State Amendment- The current, adopted edition of the Massachusetts State Amendments whether a separate document or part of the National Electrical
Code book, containing highlighted sections and or underlined sections of the original text.

- **Massachusetts General Laws** - All Massachusetts General Laws applicable to examination questions whether a separate document or part of the National Electrical Code book, or in paper-back, tabbed or un-tabbed, containing highlighted sections and or underlined sections of the original text.

- **Board Rules and Regulations** - A copy of the Board’s Rules and Regulations (237CMR 11.00- 23.00), tabbed or un-tabbed, containing highlighted sections and or underlined sections of the original text.

- **National Fire Alarm Code** - A copy of the National Fire Alarm Code (NFPA-72) whether paper-back, ring-binder, a spiral binder or loose leaf, tabbed or un-tabbed, containing highlighted sections and or underlined sections of the original text.

- **OSHA and Safety and Health Standards; Overtime**

- **Law; Lien Law; Worker Compensation Law; State Unemployment Law; Compensation Fair Labor Standards Law; Lien Law;**

- **Rules and Regulations (237CMR 11.00- 23.00), tabbed or un -tabbed, containing highlighted sections and or underlined sections of the original text.**

- **Formulas** - prior to examination - written on the blank pages of your codebook.

- **Written notes** - prior to examination Hand written notes in the margins of the aforementioned reference materials.

- **During the examination** - only writing on the scrap paper that is provided by PSI will be allowed during the exam.

### EXAMS STRUCTURE AND CONTENT

- Examinations are OPEN-BOOK, computer generated and two part. Examination scores are stand alone scores, i.e. each part of the examination is independent and you are required to pass both parts of the examination to obtain licensure. Candidates who fail one part of an examination are allowed to retake the part of the examination that they failed up to 6 times in 1 year from the date their application was approved.

### MASTER ELECTRICIAN, PART 1

<table>
<thead>
<tr>
<th># of Questions</th>
<th>% Required to Pass</th>
<th>Time Allowed</th>
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<tr>
<td>80</td>
<td>70% (56 questions answered correctly)</td>
<td>240 Minutes</td>
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### Content Outline

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<thead>
<tr>
<th>Subject Area</th>
<th># of Items</th>
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<td>State Specific Electrical Requirements</td>
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<tr>
<td>General Knowledge</td>
<td>6</td>
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<tr>
<td>Services</td>
<td>11</td>
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<tr>
<td>Grounding and Bonding</td>
<td>10</td>
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<tr>
<td>Wiring Methods and Devices</td>
<td>15</td>
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<tr>
<td>Motors</td>
<td>7</td>
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<tr>
<td>Transformers</td>
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### BUSINESS AND LAW (MASTER ELECTRICIAN AND SYSTEMS CONTRACTOR PART II)

<table>
<thead>
<tr>
<th># of Questions</th>
<th>% Required to Pass</th>
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<tbody>
<tr>
<td>50</td>
<td>70% (35 questions answered correctly)</td>
<td>120 Minutes</td>
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### Content Outline

<table>
<thead>
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<th>Subject Area</th>
<th># of Items</th>
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<tr>
<td>Massachusetts Licensing</td>
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<tr>
<td>Estimating and Bidding</td>
<td>4</td>
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<tr>
<td>Lien Law</td>
<td>1</td>
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<tr>
<td>Financial Management</td>
<td>3</td>
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<tr>
<td>Tax Laws</td>
<td>3</td>
</tr>
<tr>
<td>Labor Laws</td>
<td>3</td>
</tr>
<tr>
<td>Project Management</td>
<td>3</td>
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For Code questions, the examination will be based only on the edition of the Codebook that is listed. You can use later editions of references as they become available. Except for Codebooks, you may also contain questions based on trade knowledge, or general industry practices. For Code questions, the examination will be based only on the edition of the Codebook that is listed.

Only the following references are allowed in the examination center:

- Massachusetts Overtime or Minimum Wage Law, MGL Chapter 151, Minimum Fair Wages, Sections 1, 1A, 1B, 2, 3, 9, 10, 11, 15, 16, 17, 19, 20, 20A and 21, www.mass.gov/legis/laws/mgl/gl-151-toc.htm

Only the following references are allowed in the examination center:

NOTE 1: New exam items may be added to the examinations, to reflect the adoption of a current Code, or adoption of other related Regulations or laws seven months from the enforcing date of such Code, Regulation or Law.

JOURNEYMAN ELECTRICIAN, PART II, APPLIED PORTION

# of Questions % Required to Pass Time Allowed
30 70% (21 questions answered correctly) 60 Minutes

Content Outline

Subject Area # of Items
General Knowledge 8
Services 11
Grounding and Bonding 7
Wiring Methods and Devices 18
Motors 4
Transformers 1
Low-Voltage Distribution 2
Special Occupancies and Equipment 5
Overcurrent Protection 6
Lighting 2
Alarm Systems 6

Reference List

JOURNEYMAN ELECTRICIAN, PART I

# of Questions % Required to Pass Time Allowed
70 70% (49 questions answered correctly) 180 Minutes

Content Outline

Subject Area # of Items
Circuit Calculations (Ohm's Law) 5
Electrical Schematics and Plans 5
Materials and Components 6
Troubleshooting and Testing 6
Massachusetts Amendments 6
Licensing Laws and Regulations 2
Only the following references are allowed in the examination center:

NOTE 1: New exam items may be added to the examinations, to reflect the adoption of a current Code, or adoption of other related Regulations or laws seven months from the enforcing date of such Code, Regulation or Law.

- 237 CMR 12.00-23.00 - Rules and Regulations of the Board of State Examiners of Electricians State House Book Store, Rm 116, Boston, MA 02133, (617) 727-2834, www.mass.gov/reg/boards/el/cmr.htm
- National Electrical Code, National Fire Protection Association, 1 Battery March Park, Quincy, MA 02169-7471, (617)770-3000, www.nfpa.org
- National Electrical Code, National Fire Protection Association, 1 Battery March Park, Quincy, MA 02169-9101, (617)770-3000, www.nfpa.org

Additional Examination questions may be derived from the following reference materials. Please note these reference materials are not allowed in the Examination center.


### Systems Contractor Part I

<table>
<thead>
<tr>
<th># of Questions</th>
<th>% Required to Pass</th>
<th>Time Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>70% (49 questions answered correctly)</td>
<td>180 Minutes</td>
</tr>
</tbody>
</table>

### Content Outline

#### Subject Area

- General Electric and Electronic Theory and Knowledge: 9 Items
- NEC Alarm Requirements: 15 Items
- Intrusion Detection and Notification: 15 Items
- Fire Detection and Notification: 31 Items

### Reference List

All the reference materials listed below were used to prepare the questions for this examination. The examination may also contain questions based on trade knowledge, or general industry practices. **Except for Codebooks**, you can use later editions of references as they become available. For Code questions, the examination will be based only on the edition of the Codebook that is listed.

### Systems Technician Part I

<table>
<thead>
<tr>
<th># of Questions</th>
<th>% Required to Pass</th>
<th>Time Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>70% (35 questions answered correctly)</td>
<td>120 Minutes</td>
</tr>
</tbody>
</table>

### Content Outline

#### Subject Area

- NEC Alarm Requirements: 20 Items
- Fire Detection and Notification: 30 Items

### Reference List

All the reference materials listed below were used to prepare the questions for this examination. The examination may also contain questions based on trade knowledge, or general industry practices. **Except for Codebooks**, you can use later editions of references as they become available. For Code questions, the examination will be based only on the edition of the Codebook that is listed.
Only the following references are allowed in the examination center:
NOTE 1: New exam items may be added to the examinations, to reflect the adoption of a current Code, or adoption of other related Regulations or laws seven months from the enforcing date of such Code, Regulation or Law.

<table>
<thead>
<tr>
<th>Systems Technician Part II (Applied)</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Questions</td>
</tr>
<tr>
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</tbody>
</table>

Content Outline

<table>
<thead>
<tr>
<th>Subject Area</th>
<th># of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circuit Calculations (Ohm’s Law)</td>
<td>6</td>
</tr>
<tr>
<td>Electrical Schematics and Plans</td>
<td>6</td>
</tr>
<tr>
<td>Materials and Components</td>
<td>8</td>
</tr>
<tr>
<td>Troubleshooting and Testing</td>
<td>8</td>
</tr>
<tr>
<td>Licensing Laws and Regulations</td>
<td>2</td>
</tr>
</tbody>
</table>

Reference List

All the reference materials listed below were used to prepare the questions for this examination. The examination may also contain questions based on trade knowledge, or general industry practices. Except for Codebooks, you can use later editions of references as they become available. For Code questions, the examination will be based only on the edition of the Codebook that is listed.

Only the following references are allowed in the examination center:

NOTE 1: New exam items may be added to the examinations, to reflect the adoption of a current Code, or adoption of other related Regulations or laws seven months from the enforcing date of such Code, Regulation or Law.
- 237 CMR 12.00-23.00 - Rules and Regulations of the Board of State Examiners of Electricians, State House Book Store, Rm 116, Boston, MA 02133, (617) 727-2834, www.mass.gov/dpl/boards/el/cmr.htm

Additional Examination questions may be derived from the following reference materials. Please note these reference materials are not allowed in the Examination center:

TAKING THE EXAM

Taking the exam in separate parts:
- Candidates have a choice of taking both parts of their exam the same day or on separate days. Applicants who choose the same day will immediately continue onto the second part of the examination. Once you enter a second part of an exam you will not be able to return to the first. You must complete one part of the examination in order to proceed to the next part.

Scoring:
Scores are based on the number of questions answered correctly and are valid for 12 months. If a candidate does not pass both parts within 12 months the candidate must retake both parts.
- At the end of the examination all candidates will receive a printed Score Report.
- Veterans determined by a DD214 and as defined in clause forty-three of section seven of chapter four shall be granted a credit of five percent to each part of the examination.

Score Report:
- If you did not pass the examination, a Score Report will indicate your overall score and the number of questions answered correctly on each major section of the examination. This information may help you prepare for reexamination. This detail is not shown on your Score Report if you received a passing score.
- If PSI is unable to print your Score Report it will be mailed within 10-days of your examination date.
- The Score report is considered a public record and shall be maintained by PSI until the candidate has passed the exam. At which time such reports shall be submitted to the board with the completed application for archiving.
**REVIEWS AND APPEALS**

**Review of Examination Score:**
- An Examination Score report shall be given to candidates, on site at no additional charge after completing their respective examination or part thereof. Your Examination Score report will state whether you have passed or failed and explain what part(s) of your examination you failed, showing your strengths and weaknesses in content areas. It will also inform you of your right to review the questions that you answered incorrectly on your examination. A request to review examination questions shall be made to PSI within 30-days from the date of examination. See Review of Question in the following section.

**NOTE 1.** If you need an extra copy of your Examination Score Report - such a request must be made within 30-days of the date of examination at no cost to you. After 30-days, you can write to PSI to request a duplicate of your score reports. The fee for a duplicate score report is $15. *Money Order or cashier’s check ONLY.*

**Review of Questions:**
- Failing candidates will review their examination in a secure environment at which time you may challenge questions or answers to questions.
- A Request for a Review of Questions shall be made to PSI within 30-days from your examination date or the date you received your score. Failure to make such a request within the time allotted may jeopardize your right to review the examination questions.
- Candidates may register for the examination review via Automated Telephone, Internet, Mail or Fax and Pay by Money Order, Cashier’s Check, VISA or MasterCard. Personal or company checks are not accepted. **The fee for this service is $80.00.**
- During the review you will be presented with the questions you answered incorrectly and the correct answer to those questions. The purpose of the review is to allow you to self-research the question to determine why the answer you selected was incorrect. If you feel that there is an error in the question, you may comment about the question during the review by writing down comments on the Test Question Review sheet.
- All comments together with a copy of the challenged test questions will be submitted directly to PSI’s test development staff for review. PSI will contact you within 20 business days if your status changed from fail to pass, and a new score report will be issued. Most test questions are determined to be correct as presented on the examination, so do NOT wait for a response before preparing for and scheduling for reexamination.

You are not permitted to take any notes outside of the review sessions. Please call (800) 733-9267 with any questions.

**Examination Appeal:**
- If after an exam review PSI maintained their failing score and you still disagree with their findings you may file an appeal before the Board. The appeal shall be made in writing to the Board of Electricians within 30-days of the date on your rejection notice from PSI. In your appeal you must state the items/questions that are to be reviewed. Failure to make such a request within the time allotted may jeopardize your right to an appeal.

Mail To: **Board of State Examiners Examination Appeals**
Attn: Executive Director
1000 Washington Street Suite 710
Boston, Massachusetts 02118-6100
(617) 727-9931  •  Fax - (617) 727-5012

**RE-EXAMINATIONS:**
- Candidates who have not successfully passed the examination after 3 attempts shall furnish documentary proof satisfactory to the Board of having successfully completed additional learning objectives based on any weaknesses disclosed on their score report before reexamination. The required education clock hours shall be determined by selected learning objectives. The certificate(s) of completion must be submitted to PSI for review by the Board. The additional education requirement may also be met by successfully completing a Board approved examination preparation course or 15 hour continuing education course (if not previously taken for this purpose). Candidates then have 3 more attempts to pass the exam.
- Candidates who have not successfully passed the examination after a total of 6 attempts shall be required to repeat the full number of education hours required for licensure as outlined in 237 CMR 13.00.
- Candidates who do not pass both parts of their exam within 12 months after their application approval date, must resubmit a completed application for approval and retake both parts of the examination.
- Candidates who have failed an examination or part thereof MUST wait a minimum of 24 clock hours to reschedule and retake an exam. It is not possible to make reschedule an examination the same day you failed examination; due to processing and reporting of scores. See the section on methods of registering for examination.

**Renewal of Application Forms:**
Approved applications are current for one year after the approval date. After that year applications will be expired and a new application and fee must be submitted with copies of any new education or updated work forms. If there are no changes a letter must accompany the application instructing PSI that the previous documents are still valid.

**RE-EXAM FEES**
Your re-exam fee is determined by the part of the exam you are retaking. For reinstatement re-exams candidates must retake both parts. The total for both parts is $135. *(See application for full chart)*
Instructions and Documentation requirements

COMPLETE CHECKLIST BEFORE YOU MAIL YOUR APPLICATION

After following the prior guidelines do your final check
- Application is legible, complete, signed and notarized by a notary
- Current MA license number and issue date is indicated (if applicable)
- Current Picture is attached
- Correct Fee is attached, or Credit Card information included (no cash)
- Appropriate Schooling and education are documented and attached
- Appropriate work experience is documented and attached
- Documented Education is attached
- Documented work experience is attached
- CORI acknowledgment form is completed and attached
- 15 Hour Code Update Certificate

School Forms
- The correct form is filled out
- Student name is on the form and program indicated
- Total hours of education is indicated on the form
- The school seal is showing

Work experience Forms
- All dates are filled in including ‘present’ date
- Supervising Licensee has signed and indicated Journeyman or Technician license number
- Employer information is also provided with signature and license number
- The form indicates time in years months days and gives the hours worked

Please be aware that when your application arrives at PSI, it is reviewed as quickly as possible, usually in a matter of days or weeks. We cannot wait for missing documentation. Your application will be RETURNED if it is missing documentation, which will create an unnecessary delay and reset your waiting time.

It is in your best interest to make sure that your application is ready for approval on FIRST review.

Complete and email a PDF copy of your application to: MAELAPPS@psionline.com.

Or Mail the application to:
PSI Examination Services
ATTN: Examination Registration MA EL
3210 E Tropicana Ave.
Las Vegas, NV 89121

Faxed copies will not be accepted.
Commonwealth of Massachusetts  
Division of Occupational Licensure  
Board of State Examiners of Electricians  

Application for Examination  

Complete and forward along with all required documentation to:  
MAELAPPS@PSIONLINE.COM  

PSI Customer Service (800) 733-9267 * TTY (800) 735-2929  

<table>
<thead>
<tr>
<th>Applying for</th>
<th>Check One</th>
<th>License no.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master Electrician exam</td>
<td>MA Journeyman</td>
<td>Issued:</td>
<td></td>
</tr>
<tr>
<td>Systems Contractor exam</td>
<td>MA Technician</td>
<td>Issued:</td>
<td></td>
</tr>
<tr>
<td>Journeyman Electrician exam</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systems Technician exam</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach a recent photo here

Please Print or Type. This is an official Document; please enter your legal name and information.

<table>
<thead>
<tr>
<th>Social Security Number (required)*</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>❑ Male</th>
<th>❑ Female</th>
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</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Middle Name</td>
<td>Generation</td>
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</tr>
<tr>
<td>Building number</td>
<td>Street address</td>
<td>Po Box</td>
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</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Phone Number ( )</td>
<td>Mobile Phone Number ( )</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Email Address (required) All primary communication will be via email</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Pursuant to MGL. c 62C § 47A, the Division of Professional Licensure is required to obtain your Social Security number and forward it to the Department of Revenue. The Department of Revenue will use your Social Security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

<table>
<thead>
<tr>
<th>Place X where applicable and submit documentation</th>
<th>Journeyman</th>
<th>Master</th>
<th>Systems Technician</th>
<th>Systems Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education requirement</td>
<td>Approved program 600 hrs</td>
<td>Approved program 150 hrs</td>
<td>Approved program 300 hrs</td>
<td>Approved program 75 hrs</td>
</tr>
<tr>
<td>Work experience requirement</td>
<td>Licensee supervised 4yrs and 8000 hrs</td>
<td>MA Journeyman license</td>
<td>Licensee supervised 2yrs and 4000 hrs</td>
<td>MA Systems Technician license</td>
</tr>
<tr>
<td>Out of state education</td>
<td>Equivalent program 600 hrs</td>
<td>Equivalent program 150 hrs</td>
<td>Equivalent program 300 hrs</td>
<td>Equivalent program 75 hrs</td>
</tr>
<tr>
<td>Out of state work experience</td>
<td>Supervised or Licensed equivalent 4 yrs and 8000 hrs</td>
<td>MA Journeyman license</td>
<td>Supervised or Licensed equivalent 2yrs and 4000 hrs</td>
<td>MA Systems Technician license</td>
</tr>
<tr>
<td>Current Employer</td>
<td>Starting Date</td>
<td>Employed Years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer Address</td>
<td>/ /</td>
<td>Months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. Are you applying for reinstatement of an existing license? Yes [ ] No [ ] Expired license No: __________________________ Approval code REIN: __________________________ If you have not received a REIN code contact the Board office. (Upon passing the exam you must contact the Board to renew the license. A PSI license card will not mean your license is current.)

2. Have you taken the MA exam and failed more than six times? Yes [ ] No [ ] Last exam date: __________________________

3. Have you completed a High school diploma or equivalency? Yes [ ] No [ ] Completion date: __________________________

4. Are you licensed in any other state in the United States? Yes [ ] No [ ] (List License numbers and their statuses on a separate sheet) If yes, attach certified statements/license verifications from the state licensing Board for each active license.

5. Has a licensing/certification board located in the United States, or any country or foreign jurisdiction taken any disciplinary action against any licenses you hold in another jurisdiction? Yes [ ] No [ ]

6. Are you the subject of pending complaints that may result in disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes [ ] No [ ]

7. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes [ ] No [ ]

8. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes [ ] No [ ]

9. Have you ever admitted to or been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction? Yes [ ] No [ ]

10. Do you have any open/pending charges pertaining to a felony or misdemeanor in the United States or any country or foreign jurisdiction? Yes [ ] No [ ]

The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. If necessary, you will be given an opportunity for a limited appearance before the Board.

By signing this application, I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of State Examiners of Electricians to deny my right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to M.G.L.c.62C, s. 49A, to the best of my knowledge and belief, I have filed all Mass tax returns and paid all Mass taxes required by law.

__________________________________________
(Signature)                                           __________________________
(Date)
If you are enclosing a Special Arrangement/Exam Accommodation Request letter and required documentation, please check this box □

**Application Fees:**
Applicants must submit the total fees from the table below with the application to PSI (No cash or personal checks allowed). These fees do not include your licensing fee. See Candidate Information Bulletin

<table>
<thead>
<tr>
<th></th>
<th>Journeyman exam</th>
<th>Master exam</th>
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<tr>
<td>PSI exam Application Processing Fee</td>
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<td>$75</td>
<td>$60</td>
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<tr>
<td>Trade portion Examination Administration Fee (non-refundable)</td>
<td>$80</td>
<td>$80</td>
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<tr>
<td>Business/Practical portion Examination Administration Fee (non-refundable)</td>
<td>$55</td>
<td>$55</td>
<td>$55</td>
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<tr>
<td>MA exam Application Processing Fee* (non-refundable) Per the valor act this fee is waived for Veterans, Active military and their spouses</td>
<td>$31</td>
<td>$66</td>
<td>$31</td>
<td>$66</td>
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</table>

<table>
<thead>
<tr>
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<th>Master exam</th>
<th>Systems Technician exam</th>
<th>Systems Contractor exam</th>
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</thead>
<tbody>
<tr>
<td>Total</td>
<td>$226</td>
<td>$276</td>
<td>$226</td>
<td>$276</td>
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<tr>
<td>Total with MA fee waived</td>
<td>$195</td>
<td>$210</td>
<td>$195</td>
<td>$210</td>
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</table>

**Money Order or Cashier’s Check also accepted.** No cash or personal check.

<table>
<thead>
<tr>
<th>Credit Card No:</th>
<th>Cardholder Name:</th>
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</thead>
<tbody>
<tr>
<td>Exp. Date:</td>
<td>Verification No.:</td>
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<tr>
<td></td>
<td>Signature:</td>
</tr>
<tr>
<td></td>
<td>Billing Address</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Billing City</th>
<th>Billing State</th>
<th>Billing Zip Code</th>
</tr>
</thead>
</table>
CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, “Division of Professional Licensure”] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (“DCJIS”). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to an initial CORI check and a subsequent CORI check, both within one year of the date of this Form, and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

______________________________    _________________
Signature                      Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

______________________________    __________________
Board of Registration               License Type

NOTE: THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM WILL NOT BE ACCEPTED UNLESS IT HAS BEEN SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS COMPLETED THE “VERIFICATION BY NOTARY SECTION” ON PAGE TWO, DOCUMENTING THAT SAID NOTARY HAS VERIFIED THE IDENTITY OF THE SIGNER THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION.
SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name ___________________________ *First Name ___________________________ Middle Name ___________________________ Suffix ___________________________

*Maiden Name (or other name(s) by which you have been known) ___________________________

*Date of Birth ___________________________ *Place of Birth ___________________________

*Last Six Digits of Your Social Security Number: ________ - ________

Sex: _______ Height: ___ ft. ___ in. Eye Color: _______

*Driver’s License or ID Number: ___________________________ *State of Issue: ___________________________

Current and Former Addresses:

*Street Number & Name ___________________________ City/Town ___________________________ State ___________ Zip _______

Street Number & Name ___________________________ City/Town ___________________________ State ___________ Zip _______

IDENTITY VERIFICATION SECTION: Prior to submission to the Board’s application vendor, this Section must be completed.

VERIFICATION BY NOTARY:

On this _______ day of _____________, 20___, before me, the undersigned notary public, personally appeared __________________________________________ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:¹

☐ Passport ☐ State-issued driver’s license ☐ Military identification ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

_____________________________ ________________________________
Notary Public: Notary Commission Expires On
**The Commonwealth of Massachusetts**  
**Division of Professional Licensure**  
**Board of State Examiners of Electricians**  
www.mass.gov/dpl/boards/el

**VOCATIONAL TRADE SCHOOL according to MGL Chapter 74 (FORM 222)**  
**MASS APPROVED PROGRAM ONLY**

**THE FOLLOWING MUST BE SIGNED BY THE STUDENT PRIOR TO SUBMITTING TO SCHOOL**

In connection with my application for a Journeyman/Systems Technician license exam, I submit the following certificate of education and experience, which I obtained by attending the herein named school.

<table>
<thead>
<tr>
<th>Name of Applicant - Type or Print your name</th>
<th>SSN last four digits</th>
<th>Signature</th>
</tr>
</thead>
</table>

**THE FOLLOWING IS TO BE COMPLETED BY SCHOOL OFFICIALS**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of School</td>
<td>Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Journeyman Electrical curriculum</th>
<th>Commencement Date</th>
<th>Completion Date</th>
<th>classroom hours</th>
<th>shop hours</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Company</th>
<th>Start Date</th>
<th>End Date</th>
<th>Coop hours</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Systems Technician curriculum</th>
<th>Commencement Date</th>
<th>Completion Date</th>
<th>Classroom hours</th>
<th>Shop hours</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Company</th>
<th>Start date</th>
<th>End date</th>
<th>Coop hours</th>
</tr>
</thead>
</table>

Subject to the penalties set forth in Section 5 of chapter 141 of the Mass General Laws, I attest that the information provided is accurate.

<table>
<thead>
<tr>
<th>Name of Designated School Official</th>
<th>Title</th>
<th>Signature of Designated School Official</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Licensed Instructor</th>
<th>Electrical/Systems License number</th>
<th>Signature</th>
<th>Education Approval Number</th>
</tr>
</thead>
</table>

**IMPRINT SCHOOL SEAL HERE**

**Mass General Law, Chapter 141** Section 9. Any person, applying for a license and making any misstatement as to his or her experience or other qualifications, or any person, firm or corporation subscribing to or vouching for any such misstatement, shall be subject to penalties set forth in. Section 5.
The Commonwealth of Massachusetts
Division of Professional Licensure
Board of State Examiners of Electricians
www.mass.gov/dplboards/el

PUBLIC OR PRIVATE DAY OR EVENING PROGRAM
(MAY BE LICENSED BY OCCUPATIONAL SCHOOLS)
(FORM 223)

THE FOLLOWING MUST BE SIGNED BY THE STUDENT

In connection with my application for a Journeyman/Systems Technician license exam, I submit the following certificate of education, which I obtained by attending the herein named school.

Name of Applicant - Type or Print your name

SSN last four digits

Signature

THE FOLLOWING IS TO BE COMPLETED BY A SCHOOL OFFICIAL

Student Name

Address

Name of School

Address

Journeyman electrical curriculum

Enrollment Date

Completion Date

hours

Systems Technician curriculum

Enrollment Date

Completion Date

hours

Name of Designated organization Official

Title

Subject to the penalties set forth in Section 5 of chapter 141 of the Mass General Laws, I attest that the information provided is accurate.

Signature of Designated organization Official

Date

IMPRINT SCHOOL SEAL HERE

Mass General Law, Chapter 141 Section 9. Any person, applying for a license and making any misstatement as to his or her experience or other qualifications, or any person, firm or corporation subscribing to or vouching for any such misstatement, shall be subject to penalties set forth in. Section 5.
The Commonwealth of Massachusetts  
Division of Professional Licensure  
Board of State Examiners of Electricians  
www.mass.gov/dpl/boards/el

ORGANIZATION APPROVED IN-HOUSE PROGRAM (FORM 224)  
FOR MEMBERS OR EMPLOYEES

THE FOLLOWING MUST BE SIGNED BY THE MEMBER OR EMPLOYEE

In connection with my application for a Journeyman/Systems Technician license exam, I submit the following certificate of education, which I obtained by attending courses provided by the herein organization.

<table>
<thead>
<tr>
<th>Name - Type or Print your name</th>
<th>SSN last four digits</th>
<th>Signature</th>
</tr>
</thead>
</table>

THE FOLLOWING IS TO BE COMPLETED BY AUTHORIZED PERSONNEL

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Address</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Address</th>
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<table>
<thead>
<tr>
<th>Journeyman Electrical program</th>
<th>Enrollment Date</th>
<th>Completion Date</th>
<th>hours</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Systems Technician program</th>
<th>Enrollment Date</th>
<th>Completion Date</th>
<th>hours</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Name of Designated organization Official</th>
<th>Title</th>
</tr>
</thead>
</table>

Subject to the penalties set forth in Section 5 of chapter 141 of the Mass General Laws, I attest that the information provided is accurate.

<table>
<thead>
<tr>
<th>Signature of Designated organization Official</th>
<th>Date</th>
</tr>
</thead>
</table>

Mass General law, Chapter 141 Section 9. Any person, applying for a license and making any misstatement as to his or her experience or other qualifications, or any person, firm or corporation subscribing to or vouching for any such misstatement, shall be subject to penalties set forth in Section 5.
MASTER OR SYSTEMS CONTRACTOR PROGRAM (FORM 225)
MASS APPROVED PROGRAM ONLY

THE FOLLOWING MUST BE SIGNED BY THE STUDENT

In connection with my application for a Master/ Systems Contractor license exam, I submit this certificate of education, which I obtained by attending the herein named school.

<table>
<thead>
<tr>
<th>Name - Type or Print your name</th>
<th>SSN last four digits</th>
<th>Journeyman/Technician number</th>
<th>Signature</th>
</tr>
</thead>
</table>

THE FOLLOWING IS TO BE COMPLETED BY AN AUTHORIZED SCHOOL OFFICIAL

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of School/Organization</td>
<td>Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Master Electrical program</th>
<th>Enrollment Date</th>
<th>Completion Date</th>
<th>hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systems Contractor program</td>
<td>Enrollment Date</td>
<td>Completion Date</td>
<td>hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Designated organization Official</th>
<th>Title</th>
</tr>
</thead>
</table>

Subject to the penalties set forth in Section 5 of chapter 141 of the Mass General Laws, I attest that the information provided is accurate.

<table>
<thead>
<tr>
<th>Signature of Designated organization Official</th>
<th>Date</th>
</tr>
</thead>
</table>

IMPRINT SCHOOL SEAL HERE

**Mass General Law, Chapter 141** Section 9. Any person, applying for a license and making any misstatement as to his or her experience or other qualifications, or any person, firm or corporation subscribing to or vouching for any such misstatement, shall be subject to penalties set forth in Section 5.
# OUT OF STATE EDUCATION PROGRAM FORM

**THE FOLLOWING MUST BE SIGNED BY THE STUDENT**

In connection with my application for a Master/Systems Contractor license exam, I submit this certificate of education, which I obtained by attending the herein named school.

<table>
<thead>
<tr>
<th>Name - Type or Print your name</th>
<th>SSN last four digits</th>
<th>Journeyman/Technician number</th>
<th>Signature</th>
</tr>
</thead>
</table>

**THE FOLLOWING IS TO BE COMPLETED BY AN AUTHORIZED SCHOOL OFFICIAL**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Address</th>
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</thead>
<tbody>
<tr>
<td>Name of School/Organization</td>
<td>Address</td>
</tr>
<tr>
<td>Type of Program</td>
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</tr>
<tr>
<td>VOLCATIONAL TRADE SCHOOL</td>
<td>PUBLIC OR PRIVATE DAY OR EVENING</td>
</tr>
<tr>
<td>Journeyman Electrical program</td>
<td>Enrollment Date</td>
</tr>
<tr>
<td>Systems Technician program</td>
<td>Enrollment Date</td>
</tr>
<tr>
<td>Master Electrical program</td>
<td>Enrollment Date</td>
</tr>
<tr>
<td>Systems Contractor program</td>
<td>Enrollment Date</td>
</tr>
</tbody>
</table>

Name of Designated organization Official | Title |

Subject to the penalties set forth in Section 5 of chapter 141 of the Mass General Laws, I attest that the information provided is accurate.

__________________________________________
Signature of Designated organization Official  Date

IMPRINT SCHOOL SEAL HERE

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**Mass General Law, Chapter 141** Section 9. Any person, applying for a license and making any misstatement as to his or her experience or other qualifications, or any person, firm or corporation subscribing to or vouching for any such misstatement, shall be subject to penalties set forth in Section 5.
EMPLOYMENT CERTIFICATION
(Form 272 - MA use only)

Return this form to the applicant for exam package submittal

The following work is in compliance with work for which a license is required by MA law and was performed under the direct personal supervision of a licensed Journeyman/Systems Technician and to the MA electrical code.

Applicant Name
Address

The following information may be completed by authorized personnel (Please Print).

<table>
<thead>
<tr>
<th>Type of work engaged in</th>
<th>☐ premises electrical work as an employee</th>
<th>☐ contract projects for hire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervising licensee’s Name</td>
<td>Journeyman or Technician License number</td>
<td>License Expiration</td>
</tr>
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</table>

Description of work
(Total yrs, mths, days worked) Total hours

Can payroll records be produced for this employee?

Yes [ ] No [ ] If no provide an explanation. If necessary, an affidavit statement explaining what happened to the records Pursuant to 237 CMR 18.01(3)

Employer Business name
Business address

Business telephone
Business licensee of record’s Name (If applicable)
Master or Systems Contractor License number
License Expiration

Business licensee of record MA Master Electrician or Systems Contractor employing supervising licensee and apprentice employee sign section A.

MA Journeyman or Technician supervising the apprentice sign section B.

SECTION A - As the licensed Master/Systems Contractor for the said business I am signing subject to the penalties set forth in Section 5 of Chapter 141 of the General Laws of Massachusetts and hereby subscribe to and vouch for the statements made herein

_________________________ (Master/Contractor signature) (Date)

SECTION B - As the licensed Journeyman and supervisor of the above apprentice I am signing subject to the penalties set forth in Section 5 of Chapter 141 of the General Laws of Massachusetts and hereby subscribe to and vouch for the statements made herein

_________________________ (Journeyman/Technician signature) (Date)
OUT-OF-STATE PRACTICAL EXPERIENCE CERTIFICATION

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Address</th>
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</thead>
<tbody>
<tr>
<td>License number (if any)</td>
<td>State requirements</td>
</tr>
</tbody>
</table>

The following information must be provided by three-person authentication. In addition to the applicant, signatures must be obtained from a second person licensed in the profession and able to verify the information herein provided and a third person as a professional witness not related to the applicant.

<table>
<thead>
<tr>
<th>Type of work engaged in</th>
<th>premises electrical work as an employee</th>
<th>contract projects for hire</th>
</tr>
</thead>
</table>

State in which Work Experience was performed
If work is performed to code indicate the code and the year

<table>
<thead>
<tr>
<th>Employer/Business name</th>
<th>Address</th>
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</table>

Provide the supervised work experience details in the table below.

<table>
<thead>
<tr>
<th>Supervising Licensee</th>
<th>State License number</th>
<th>FT/PT</th>
<th>From Date</th>
<th>To Date</th>
<th>Total Hours accumulated</th>
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</table>

Additional work history (For work history performed in other capacities provide title and brief description)

<table>
<thead>
<tr>
<th>Title and description</th>
<th>Dates</th>
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</tbody>
</table>

As a licensed professional I am signing subject to the penalties set forth in Section 5 of Chapter 141 of the General Laws of Massachusetts and hereby subscribe to and vouch for the statements made herein by the aforementioned applicant

(signature) ___________________________ (Date) ________________

As a professional witness I am signing subject to the penalties set forth in Section 5 of Chapter 141 of the General Laws of Massachusetts and hereby subscribe to and vouch for the statements made herein by the aforementioned applicant

(signature) ___________________________ (Date) ________________
MILITARY SPOUSE AFFIDAVIT

I, _____________________________, do hereby state under the pains and penalties of perjury:

(Printed Name)

(1) that I am a licensed professional certified or licensed in a state other than the Commonwealth of Massachusetts;
(2) that my certification or license is current and in good standing;
(3) that no disciplinary action has been taken, or to my knowledge is pending, against my certification or license;
(4) that my spouse is a member of the armed forces of the United States;
(5) that my spouse is the subject of a military transfer to the Commonwealth of Massachusetts; and
(6) that I left employment in another state to accompany my spouse to the Commonwealth of Massachusetts.

Attached hereto are a copy of my military identification card and a copy of my spouse’s transfer orders.
I understand that I may need to provide the Division of Professional Licensure with additional documents in support of my application.

_____________________________   ________________________________
(Signature of Applicant)   Date

VETERAN

A veteran also will receive the benefits of the Valor Act. Veterans are required to submit a copy of the Report of Separation document (DD-214) to be identified for these benefits.
REQUEST FOR ACCOMMODATION

If you have a physical or mental impairment that substantially limits a major life activity, you may be eligible for accommodation in the testing process which will ensure that the tests accurately reflect your skills, knowledge and abilities. Attempts will be made to provide a reasonable accommodation which will allow you to demonstrate your job-related abilities.

It is required for you to include supporting documentation from a licensed professional or agency. This documentation regarding your disability or your need for accommodation in testing, will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Candidate Name
Street Address

Phone number
City, State, zip

NEED FOR ACCOMMODATION

Please describe why you are requesting this accommodation.

__________________________________________________________________________

ACCOMMODATION REQUESTED

Please list the accommodations needed in order to provide an accessible test format.
(Be specific in requesting required accommodations. For example, “Paper and Pencil Examination”, or “Extended time needed.”)

1. _____________________________________________________________

2. _____________________________________________________________

3. _____________________________________________________________

_________________________________________ Applicant’s Signature

_________________________________________ Date
BOOKS AND MORE ARE NOW AVAILABLE AT THE PSI ONLINE STORE!

To place an order for one or more of the following items listed, you may:

⚠️ Call the PSI Online store toll-free at (866) 589-3088

| ☐ | CERTIFICATE OF ACHIEVEMENT  (You must have passed the exam before ordering the certificate) Certificate of Achievement suitable for framing. $18.75 includes shipping and handling. |

*Please note: Inventory and pricing subject to change without notice.*

⚠️ You may also place a checkmark next to the items that you would like to order, and mail or fax this form to PSI (be sure to include your contact information). A Customer Service Rep will call you to place the order.

Mail or FAX to:
PSI licensure: certification ** 3210 E Tropicana * Las Vegas * NV * 89121 (Attn Shipping)
Fax (702) 932-2668

| Name |  |
| Address |  |
| City | State | Zip |
| Phone Number |  |
Basic Business and Project Management for Contractors

ORDER FORM

To order a copy of Basic Business and Project Management for Contractors please complete the order form below, submit a check for the total order amount payable to NASCLA Publications, and mail to:

NASCLA Publications
P.O. BOX 14941
Scottsdale, Arizona 85267

Credit card orders (VISA, MASTERCARD or AMERICAN EXPRESS) may be mailed to the address above or faxed to, Fax (623) 587-9625. To order by phone call: (623) 587-9519. Do NOT contact PSI for this book order information.

SHIP TO:
Name _____________________________________________________________
Company ___________________________________________________________
Mailing Address _________________________________________________________________________________________________
City ___________________________________________________________________ State _______ Zip __________
Telephone (_________) _______ - _______ Fax (_________) _______ - __________

METHOD OF PAYMENT:  □ Check  □ Visa  □ MasterCard  □ AMEX
Card Number __________________________ Exp. Date (month & year) _______ / _______
Name on Card __________________________________ Signature __________________________

PLEASE SEND:
________ (number of copies)
Basic Business and Project Management for Contractors @ $35.50 each $ ____________

SHIPPING & HANDLING:
$ 10.00 for one book ($3.00 for each additional book) $ ____________

TOTAL $ ____________