



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
CHANGE OF EMPLOYMENT

OFFICE OF STATEWIDE ELECTRICAL CONTRACTORS
P.O. BOX 1335, 3605 MISSOURI BOULEVARD
JEFFERSON CITY, MISSOURI 65102-1335
TELEPHONE: (573) 522-3280 TTY (800) 735-2966
WEBSITE: <https://pr.mo.gov/electricalcontractors.asp>
EMAIL: osec@pr.mo.gov

SECTION 1 - TO BE COMPLETED BY LICENSEE. PLEASE COMPLETE THE APPROPRIATE SECTION BELOW, SIGN AND SUBMIT.

LICENSEE NAME (LAST, FIRST, MIDDLE)				LICENSE NUMBER	
MAILING ADDRESS (STREET, CITY, STATE, ZIP) - ADDRESS YOU WISH TO HAVE CORRESPONDENCE SENT AND ALSO TO BE PRINTED ON YOUR LICENSE/PUBLIC					
TELEPHONE NUMBER-HOME	TELEPHONE NUMBER-CELL	TELEPHONE NUMBER-WORK	FAX NUMBER	E-MAIL ADDRESS (PLEASE PRINT)	

SECTION 2 - TRANSFER IN QUALIFIER REGISTRATION

I am currently registered as a qualifier for an employer and am changing employment. I have listed information relating to all current active permits on my license and information relating to the employer.

CURRENT EMPLOYER INFORMATION

EMPLOYER NAME		EMPLOYER TELEPHONE NUMBER			
EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP CODE)				EMPLOYMENT END DATE	

POLITICAL SUBDIVISION(S)/ISSUING JURISDICTION(S) WITH CURRENT/ACTIVE PERMITS ON MY LICENSE (Please see reverse if additional space is necessary.) IF NONE, ATTEST HERE

POLITICAL SUBDIVISION/ISSUING JURISDICTION NAME		PERMIT IDENTIFYING INFORMATION			
POLITICAL SUBDIVISION/ISSUING JURISDICTION ADDRESS (STREET, CITY, STATE, ZIP)			EMAIL OF CONTACT PERSON		
POLITICAL SUBDIVISION/ISSUING JURISDICTION NAME		PERMIT IDENTIFYING INFORMATION			
POLITICAL SUBDIVISION/ISSUING JURISDICTION ADDRESS (STREET, CITY, STATE, ZIP)			EMAIL OF CONTACT PERSON		

NEW EMPLOYER INFORMATION

The following employer, at which I will serve at a supervisory level, has named me its qualifier.

EMPLOYER NAME		JOB TITLE			
EMPLOYER ADDRESS (STREET, CITY, STATE ZIP)				EMPLOYMENT BEGIN DATE	
NAME OF SUPERVISOR	EMPLOYER EMAIL ADDRESS		EMPLOYER TELEPHONE NUMBER		

SECTION 3 - ENDING QUALIFIER REGISTRATION

I am currently registered as a qualifier for the following employer and will no longer serve as qualifier for this or another employer at this time. I understand my license will be placed on a hold status until such time as a register as a qualifier for another employer and that while on hold I cannot hold myself out as current. I further understand that if I want to prevent the license from lapsing while it is on hold, I must continue to renew my license as active or place my license on inactive status and continue to renew as inactive.

POLITICAL SUBDIVISION(S)/ISSUING JURISDICTION(S) WITH CURRENT/ACTIVE PERMITS ON MY LICENSE (Please see reverse if additional space is necessary.) IF NONE, ATTEST HERE

POLITICAL SUBDIVISION/ISSUING JURISDICTION NAME		PERMIT IDENTIFYING INFORMATION			
POLITICAL SUBDIVISION/ISSUING JURISDICTION ADDRESS (STREET, CITY, STATE, ZIP)			EMAIL OF CONTACT PERSON		

SECTION 4 - REGISTRATION AS A QUALIFIER

The following employer, at which I will serve at a supervisory level, has named me its qualifier. I understand I must hold a current and active license.

EMPLOYER NAME		JOB TITLE			
EMPLOYER ADDRESS (STREET, CITY, STATE ZIP)				EMPLOYMENT BEGIN DATE	
NAME OF SUPERVISOR	EMPLOYER EMAIL ADDRESS		EMPLOYER TELEPHONE NUMBER		

SECTION 5 - LICENSEE ATTESTATION

I attest that the information contained on this form and any attachments are true and accurate to the best of my knowledge and belief.

LICENSEE SIGNATURE				DATE	
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