



APPLICATION FOR ELECTRICIAN'S LICENSE
NORTH DAKOTA STATE ELECTRICAL BOARD
 SFN 11858 (11-95)

NORTH DAKOTA STATE ELECTRICAL BOARD
 P.O. BOX 857
 BISMARCK, ND 58502

This Application shall be on file at the office of this board at least 30 days previous to date of examination

EXAMINATION FEE MUST ACCOMPANY THIS APPLICATION

Designate the Type of License for which you are applying

MASTER ELECTRICIAN \$50.00 JOURNEYMAN \$25.00 CLASS "B" \$40.00

Date	Telephone	Name	Social Security No.
Mailing Address (Street or P.O. Box No.)			
City	County	State	Zip Code
Present Employer			
Address of Employer (Street No.)		City	State
Employed in what capacity?			
Date of Birth	How many years have you been a resident of the State of North Dakota?	Education: Circle Highest Grade Completed	
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	
Are you a graduate of an Electrical Trade School?			
<input type="checkbox"/> No <input type="checkbox"/> Yes--List name and address of school			
State other courses of Electrical study or approved apprenticeship training, if any			
Name of above course		Address	
Instructor			
Have you ever carried an Electrical License?			
<input type="checkbox"/> No <input type="checkbox"/> Yes--Where			
Type or grade of license		Number of years such license was in force	
Was the license obtained by examination?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
Have you ever had an Electrical License revoked?			
<input type="checkbox"/> No <input type="checkbox"/> Yes--By whom?			
Give reasons for revocation			
Have you previously made application for a State of North Dakota Electrical License?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
Have you previously been examined for an Electrical License by this Board?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
Are you registered with the North Dakota State Electrical Board as an Apprentice Electrician?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for in this application may be cause for cancellation of the application and/or suspension of license should it have been issued before the facts were made known.

Date	Signature	Payroll Title

All spaces provided must be completed. If question does not apply write "none" in space.

EMPLOYMENT RECORD

Instruction for Completion: List complete street and city address for each employer, list exact dates of employment for each employer, reason for separation. The Board will verify all employment data with present and former employers.

Name of Present Employer		Date Started	Date Left
Street Address	City		State/Zip
Reason for Leaving?			
Describe the nature of work in detail, indicating the number of months at each duty. (Example: 5 months installing house wiring; 2 months commercial wiring)			
Name of Previous Employer		Date Started	Date Left
Street Address	City		State/Zip
Reason for Leaving?			
Describe the nature of work in detail, indicating the number of months at each duty. (Example: 5 months installing house wiring; 2 months commercial wiring)			
Name of Previous Employer		Date Started	Date Left
Street Address	City		State/Zip
Reason for Leaving?			
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EMPLOYMENT RECORD - (continued)

Name of Previous Employer		Date Started	Date Left
Street Address	City		State/Zip
Reason for Leaving?			
Describe the nature of work in detail, indicating the number of months at each duty. (Example: 5 months installing house wiring; 2 months commercial wiring)			
Name of Previous Employer		Date Started	Date Left
Street Address	City		State/Zip
Reason for Leaving?			
Describe the nature of work in detail, indicating the number of months at each duty. (Example: 5 months installing house wiring; 2 months commercial wiring)			
Name of Previous Employer		Date Started	Date Left
Street Address	City		State/Zip
Reason for Leaving?			
Describe the nature of work in detail, indicating the number of months at each duty. (Example: 5 months installing house wiring; 2 months commercial wiring)			

REFERENCES

List at least three persons or firms engaged in electrical industry preferred.

Name	Address

All spaces provided must be completed. If question does not apply write "none" in space.

REFERENCES - (continued)

Remarks:

SPACE BELOW RESERVED FOR BOARD USE ONLY

Examination New
 Reciprocity Re-Exam

School and Experience Record	EXPERIENCE CREDIT	
	MONTHS	WEEKS
EE Degree		
Two-year Elec. Course		

EXAMINATION RECORD		
Examination	Date	Score

Approved Disapproved For Examination
 Approved Disapproved For License by Reciprocity

APPROVED BY	DATE

**ADDENDUM TO APPLICATION FOR ELECTRICIAN'S
LICENSE**

In accordance with my Application for Electrician's License, I also hereby authorize the North Dakota State Electrical Board to release my social security number for purposes of verifying my employment or for reciprocal license verifications.

Dated this ____ day of _____, 2003.

SIGNATURE: _____

Printed Name: _____