

## APPLICATION FOR POWER LIMITED ELECTRICIAN'S LICENSE

NORTH DAKOTA STATE ELECTRICAL BOARD SFN 61903 (11-2020)

- Complete all applicable items. Type or print legibly.
- \$50.00 application fee\* (check or money order) made payable to ND State Electrical Board (NDSEB) must accompany this application.

\*Note: A separate licensing fee will be required upon passing the exam or endorsement approved.

- Work Experience must be completed as follows:
  - Minimum of 6,000 hours for Power Limited Electrician.
  - o If self-employed need minimum hours of prior work experience.
  - Re-Exam, list your current employer, if not employed list N/A.
- Employment verification (SFN 11845) must accompany this application not required for re-exam.

License Type and Fee Power Limited Electrician - \$50.00	By  □ Examination □ Endorsement			
Re-Exam  No Yes - Submit Application and Fee Only				
Name (First, Last)	Social Security Number Date of Birth			
Mailing Address				
City	State	ZIP Code		
Cell Phone Number	Email Address			
Active Member of the Military  ☐ No ☐ Yes	Spouse of a Member of the US Armed Forces or Reserve  ☐ No ☐ Yes			
Endorsement Requested  No Yes - Enclose a Valid Board Recognized Tradesman Certificate				
Graduated from High School or Received a GED  ☐ No ☐ Yes	Completed or Graduated from a Power Limited Program  ☐ No ☐ Yes - Name of Program			
Registered with the NDSEB as a Power Limited Apprentice  □ No □ Yes				
Registered or Licensed with the NDSEB  No Yes	Registered or Licensed in a State Other than North Dakota  □ No □ Yes – Where?			
Ever Been Convicted of a Felony Under the Laws of this State or any Other Jurisdiction?  □ No □ Yes - Explain fully on a separate sheet of paper				
Present Employer	City	State		
Work Experience	Employment Dates	Est. Hours Worked		
Previous Employer	City	State		
Work Experience	Employment Dates Est. Hours Worked			

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Work Experience	Employment Dates	Est. Hours Worked
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Work Experience	Employment Dates	Est. Hours Worked

### **Attach Additional Work Experience if Needed**

I authorize investigation and certify that all statements contained in this application are true and accurate. In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification and verification purposes. Penalty for the applicant not including the social security number on their application will cause the application to not be processed.

Applicant Signature	Date

Submit completed application to:

North Dakota State Electrical Board PO Box 7335 Bismarck, ND 58507

Fax: 701-325-9524 Email address: electric@nd.gov Website: www.ndseb.com

Phone: 701-328-9522

# FOR OFFICE USE ONLY

		Experience Credit			
Employer	Hou	ırs	Jurisdiction		
TOTAL					
Certification Agency			Completion Date		
Re-Exam	Dat	e	Score/Waiting Period		
☐ Approved ☐ Denied For ☐ Examination	□ En	dorsemei	nt		
Approved By		Date			
Exam Date		Exam Score			
License Number		Date Iss	sued		



### **EMPLOYMENT VERIFICATION**

NORTH DAKOTA STATE ELECTRICAL BOARD SFN 11845 (12-2020)

- Each employer must verify work experience separately. Please make copies as necessary.
- · Verification of hours must be on this form to be acknowledged; any other forms of verification will not be accepted.
- Employment verification must accompany the Application for Electrician's License by Exam (SFN 11858) or Application for Power Limited Electrician's License (SFN 61903).

#### Experience Requirements:

- Master: 10,000 hours (one year and 2,000 hours if ND Journeyman).
- Class B: 3,000 hours (farmstead and residential wiring only).
- Journeyman: 8,000 hours.
- Provisional Military Spouse: Experience for at least two of the four years preceding the date of application.
- Power Limited: 6,000 hours.

Name of Applicant (First, Last)			Last 4 of Social Security Number		
Address		City	State	ZIP Code	
Name of Electrical Contracting/P	ower Limited Business				
Address		City	State	ZIP Code	
Master/Power Limited Name Master/Power Limited		Master/Power Limited Lice	License Number		
		Dates of Employment Start Date:	End Date:		
Total Hours of Electrical/Power Limited Work		Dates Above Taken from Payroll Records  ☐ Yes ☐ No - Explain			
Work Completed in the State of I ☐ Yes ☐ No - Attach a List of		ected by a Governmental Au	uthority and if a Licens	e was Required	
I declare under the penalties of p complete record.	erjury that this employm	nent verification is to the bes	at of my knowledge an	d belief a true, correct, and	
Signature of Contracting Master/	Power Limited Electricia	n in Presence of Notary	Date		
State of	County				
Before me, a notary public in and for said county/state, the NAMED PERSON below, personally appeared before me to be the same person who executed the within and foregoing document and he/she acknowledges to me that he/she executed the same.					
On this day:	Date				
Name(s) of Individual Making Sta	atement (By)	Affix Notary Stamp			
Signature of Notary Public or Oth	ner Authorized Officer				
Commission Expiration Date (if r	ot listed on stamp)				

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