

## APPLICATION FOR POWER LIMITED ELECTRICIAN'S LICENSE

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

- Complete all applicable items, sign and date below. 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 Ves - 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		

Previous Employer	City	State
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Previous Employer	City	State
Work Experience	Employment Dates	Est. Hours Worked
Previous Employer	City	State
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

Phone: 701-328-9522

Website: www.ndseb.com

Email address: electric@nd.gov

Submit completed application to:

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

# 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 S	core	
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				State	ZIP Code
Name of Electrical Contracting/P	ower Limited Busines				
Address	Address City			State	ZIP Code
Master/Power Limited Name		Master/Power Limited Lice		nse Number	
Position Held by Applicant  Date(s) of Emp Start Date(s):		s) of Employment Date(s):	End Date(s):		
Total Hours of Electrical/Power Limited Work (If ND Journeyman applying for Master, provide hours as a Journeyman)		)	Date(s) Above Taken from Payroll Records  ☐ Yes ☐ No - Explain		
Work Completed in the State of N  ☐ Yes ☐ No - Attach a List of		Hours Wo	rked in Each Jurisdic	tion	
I declare under the penalties of pe complete record.	rjury that this employ	ment verifi	ication is to the best o	f my knowledge a	nd belief a true, correct, and
Signature of Contracting Master/Power Limited Electrician in Presence of Notary		Date			
State of	County				
Before me, a notary public in and f person who executed the within ar					
On this day:	Date				
Name of Individual Signing Docu	ment	,	Affix Notary Stamp		
Signature of Notary Public or Oth	er Authorized Officer	,			
Commission Expiration Date (if not listed on stamp)					

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