



# APPLICATION FOR AN APPRENTICE ELECTRICIAN REGISTRATION

NORTH DAKOTA STATE ELECTRICAL BOARD  
 PO BOX 7335, BISMARCK, ND 58507  
 SFN 11857 (09-13)

<b><u>DATE RECEIVED:</u></b>
<b><u>FOR OFFICE USE ONLY:</u></b>
Registration #: _____
Date Issued: _____

**\$10.00 REGISTRATION FEE MUST ACCOMPANY THIS APPLICATION**

**NDCC 43-09-13-.1 – An apprentice electrician shall register with the state electrical board within the first six months of employment.**

**Please Type or Print Legibly**

First & Last Name	Social Security Number	Date of Birth	Cell Phone
Mailing Address (Street or P.O. Box)			
City		State	Zip Code
How many years as a resident of North Dakota?	Education (circle highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16		
Have you completed related training that is approved by the Bureau of Apprenticeship Training (BAT)? <input type="checkbox"/> No <input type="checkbox"/> Yes -- If yes, list provider.			
Are you a graduate of an electrical trade school? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, name of trade school.			
Have you previously been registered with the North Dakota State Electrical Board? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Have you ever been convicted of a felony under the laws of this state or any other jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes -- If yes, please explain fully on a separate sheet of paper.			
Have you ever entered a plea of guilty of a felony or a plea of no contest accepted by the court in this state or any other jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes -- If yes, please explain fully on a separate sheet of paper.			

**CURRENT ELECTRICAL EMPLOYER - NORTH DAKOTA LICENSED MASTER ELECTRICIAN SIGNATURE REQUIRED**

Name of Present Employer	Date Started
ND Licensed Master Electrician under whom you will be serving your apprenticeship	
<b>Signature of ND Licensed Master Electrician – (Required)</b>	

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 registration should it have been issued before the facts were made known. In accordance with this application, I also hereby authorize the North Dakota State Electrical Board to release my social security number for verification purposes.

Applicant Signature	Date
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