



APPLICATION FOR AN APPRENTICE ELECTRICIAN REGISTRATION

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

<u>DATE RECEIVED:</u>
<u>FOR OFFICE USE ONLY:</u>
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

Name	Social Security Number	Date of Birth	Home Phone:
			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	
Signature of ND Licensed Master Electrician – (Required)	

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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