



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

APPLICATION INSTRUCTIONS

- Each employer must complete a separate verification of work experience and sign in presence of notary.
- 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.

APPLICANT INFORMATION

Name of Applicant		Last 4 of Social Security Number	
Address	City	State	ZIP Code
Name of Electrical Contracting/Power Limited Business			
Address	City	State	ZIP Code
Master/Power Limited Name		Master/Power Limited License Number	
Position Held by Applicant	Employment Start Date	Employment End Date	
Total Hours of Electrical/Power Limited Work	<i>** If ND Journeyman applying for Master, only provide hours worked as a Journeyman</i>		
Employment Dates and Hours from Payroll Records? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Dates and Hours Not from Payroll Records, Explain		
Work Completed in the State of North Dakota? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If No, Provide a List of Jurisdictions (States, Counties, Cities) and Hours Worked in Each Jurisdiction			

ACKNOWLEDGEMENT AND SIGNATURE

I declare under the penalties of perjury that this employment verification is to the best of my knowledge and belief a true, correct, and complete record.

Signature of Contracting Master/Power Limited Electrician in Presence of Notary	Date
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NOTARY PUBLIC

State of	County
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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	Affix Notary Stamp
Name of Individual Signing Document		
Signature of Notary Public or Other Authorized Officer		
Commission Expiration Date (if not listed on stamp)		

SUBMIT COMPLETED APPLICATION

- Send by mail to North Dakota State Electrical Board, PO Box 7335, Bismarck, ND 58507; or
- Send as a PDF file by email to electric@nd.gov
- For more information, call us at 701-328-9522 or visit the NDSEB website at www.ndseb.com