



INSTRUCTIONS FOR EXAM APPLICANTS:

All of the following items must be submitted together as a packet **BEFORE** your application will be processed. If information received is **incomplete, the application will be returned.**

Our requirements include, but are not limited to, electrical construction work being done in a jurisdiction regulating similar licensing and inspection rules of the State of North Dakota.

MASTER EXAM CHECKLIST:

- \$50 Application fee – nonrefundable – **Payable to: NDSEB** **Mail to: NDSEB, PO Box 7335, Bismarck, ND 58507**
- Application for Electrician's License (3 page document)
 - Work history **must be completed** that includes: minimum of 10,000 hours
 - **EXCEPTION:** ND Journeyman must hold Journeyman license one year **and** show proof of 2,000 hours working as ND Journeyman
- Notarized "ND State Electrical Board Electrical Employment Verification Record"** **(SEE NEXT PAGE-MAKE COPIES AS NEEDED)**
Employment Verification Record **required from each employer to verify and satisfy minimum hours** of experience.
 - **NOTE:** Employment Verification Record **must be completed by employer** and signed by a licensed Master Electrician.
 - **NOTE:** Union Records/Letters, Social Security Records, other states verification forms, employer letters, etc. are not accepted as verification records.
 - **NOTE:** Must include the required list of jobs/hours with inspection and licensing information.
 - **Self-Employment Instructions: (complete prior work history on application for minimum hours)**
 - To be considered please submit additional information to be reviewed.
 - Letters on official letterhead from the electrical inspector/governmental authority that have inspected the projects you've completed and explain what the requirements are for licensing, permit and inspection processes where you've completed work. (Minimum 10,000 hours)

JOURNEYMAN EXAM CHECKLIST:

- \$25 Application fee – nonrefundable - **Payable to: NDSEB** **Mail to: NDSEB, PO Box 7335, Bismarck, ND 58507**
- Application for Electrician's License (3 page document)
 - Work history **must be completed** that includes: minimum of 8,000 hours
- Notarized "ND State Electrical Board Electrical Employment Verification Record"** **(SEE NEXT PAGE-MAKE COPIES AS NEEDED)**
 - Employment Verification Record **required from each employer to verify and satisfy minimum hours** of experience.
 - **NOTE:** Employment Verification Record **must be completed by employer** and signed by a licensed Master Electrician.
 - **NOTE:** Union Records/Letters, Social Security Records, other states verification forms, employer letters, etc. are not accepted as verification records.
 - **NOTE:** Must include the required list of jobs/hours with inspection and licensing information.
- Additional requirement for North Dakota Registered Apprentices:**
 - **Official Sealed Transcript** – if a graduate of electrical trade school approved by the State Electrical Board (keep in mind this is not an inclusive list: MSCTC, NCTC, NDSCS, Dunwoody Institute, Hibbing Community, Mitchell Technical Institute, Western Dakota Technical Institute)
 - **Department of Labor Apprenticeship Training Completion Certificate** (required if registered after January 31, 2008)

CLASS B EXAM CHECKLIST:

- \$40 Application fee – nonrefundable - **Payable to: NDSEB** **Mail to: NDSEB, PO Box 7335, Bismarck, ND 58507**
- Application for Electrician's License (3 page document)
 - Work history **must be completed** that includes: minimum of 3,000 hours of farmstead or residential wiring only.
- Notarized "ND State Electrical Board Electrical Employment Verification Record"** **(SEE NEXT PAGE-MAKE COPIES AS NEEDED)**
 - Employment Verification Record **required from each employer to verify and satisfy minimum hours** of experience.
 - **NOTE:** Employment Verification Record **must be completed by employer** and signed by a licensed Master Electrician.



ELECTRICAL EMPLOYMENT VERIFICATION RECORD

FORM MUST BE COMPLETED BY EMPLOYER

Instructions: Each employer must verify work experience separately. Please make copies of this form as necessary. This form will not be accepted without notarization.

1. Name of Applicant: _____ Last 4 of SSN: _____

Applicant Address: _____

2. Name of Electrical Contracting Business: _____

Address _____ City _____ State _____

Master Name & License Number _____ Phone #: (____) _____

3. Position held by the above applicant: _____

4. Dates of employment: from _____ to _____ Full Time: _____ Part Time: _____

Total number of hours of electrical work: _____

5. Are the above dates taken from your payroll record? _____ Yes _____ No

If no, please explain _____

6. Were all jobs where the applicant worked inspected by a governmental authority? _____ Yes _____ No

*Governmental Authority Example: State Electrical Inspector/City Inspector

If no, please explain _____

7. Was all work completed in State of North Dakota? _____ Yes _____ No – if no, complete “required” section below.

REQUIRED: Attach a list of the jobs that were **not in North Dakota**, total hours worked at that job, if a license was required, and if inspections were performed by governmental authority.

EXAMPLE:

JOB NAME:	HOURS:	LICENSE REQUIRED:	INSPECTIONS PERFORMED:
Department Store, Anytown, USA	1500	Yes	Yes
Gas Plant, Anytown, USA	5000	No	No

I DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS EMPLOYMENT VERIFICATION RECORD IS TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT, AND COMPLETE RECORD.

Signature of Master Electrician in the presence of Notary

Master Electricians License #

Date: _____

STATE OF _____)
County of _____)

On this _____ day of _____, in the year of _____, before me, a notary public in and for said county and state, personally appeared _____ known to me to be the same person who executed the within and foregoing document and he/she acknowledged to me that he/she executed the same.

SEAL

NOTARY PUBLIC _____
My commission expires _____



APPLICATION FOR ELECTRICIAN'S LICENSE

The application process may take up to 30 days.

*NON-REFUNDABLE APPLICATION/EXAM FEE MUST ACCOMPANY THIS APPLICATION
 *NOTE: THERE WILL BE AN ADDITIONAL LICENSING FEE.

SUBMIT TO: NDSEB, PO Box 7335, Bismarck, ND 58507

<u>DATE RECEIVED:</u>
<u>FOR OFFICE USE ONLY:</u>
Exam Date: _____
Exam Score: _____
License #: _____
Date Issued: _____

DESIGNATE TYPE OF LICENSE: <input type="checkbox"/> MASTER - \$50.00 * <input type="checkbox"/> JOURNEYMAN - \$25.00 * <input type="checkbox"/> CLASS B - \$40.00 *	<input type="checkbox"/> EXAMINATION
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MUST BE COMPLETED BY APPLICANT: Please Type or Print Legibly

Name (First & Last)	Social Security Number	Date of Birth	Cell Phone
Mailing Address (Street or P.O. Box)			
City	County	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 successfully completed apprenticeship training approved by the federal bureau of apprenticeship? <input type="checkbox"/> No <input type="checkbox"/> Yes -- If yes, attach completion certificate.			
Are you a graduate of an electrical trade school? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name and address of trade school:		
Have you ever carried an electrical license? <input type="checkbox"/> No <input type="checkbox"/> Yes -- If yes, where?	Was the license obtained by examination? <input type="checkbox"/> No <input type="checkbox"/> Yes -- Which state?		
Type or grade of license	Number of years license in force		
Have you ever had an Electrical License revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes -- If yes, by whom and give reasons for revocation.			
Have you previously filed an application with this state for an electrical license? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you previously been examined for an electrical license by this Board? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you registered with the North Dakota State Electrical Board as an Apprentice Electrician? <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.			
Have you ever been denied application or licensure as an electrician or been disciplined and/or revoked with regard to the practice of electrical wiring or practiced electrical wiring in violation of this state's law or any other jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes -- If yes, please explain fully on a separate sheet of paper.			

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 license 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 purposes of verifying my employment or for reciprocal license verifications.

Signature	Date
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EMPLOYMENT RECORD

Please refer to ND Laws, Rules & Wiring Standards 24.1-03-01-03 for information on practical experience credit.

WORK HISTORY **MUST** BE COMPLETED:
MINIMUM OF 8,000 HOURS FOR JOURNEYMAN
MINIMUM OF 10,000 HOURS FOR MASTER

Name of Present Employer		Date Started	Date Left
Mailing Address	City	State	Zip Code
Reason for Leaving			
Describe the nature of work. (Example: installing house wiring; commercial wiring; industrial wiring; farmstead, etc.)			
Name of Previous Employer		Date Started	Date Left
Mailing Address	City	State	Zip Code
Reason for Leaving			
Describe the nature of work. (Example: installing house wiring; commercial wiring; industrial wiring; farmstead, etc.)			
Name of Previous Employer		Date Started	Date Left
	City	State	Zip Code
Reason for Leaving			
Describe the nature of work. (Example: installing house wiring; commercial wiring; industrial wiring; farmstead, etc.)			
Name of Previous Employer		Date Started	Date Left
Mailing Address	City	State	Zip Code
Reason for Leaving			
Describe the nature of work. (Example: installing house wiring; commercial wiring; industrial wiring; farmstead, etc.)			

EMPLOYMENT RECORD (continued)

Name of Previous Employer		Date Started	Date Left
Mailing Address	City	State	Zip Code
Reason for Leaving			
Describe the nature of work. (Example: installing house wiring; commercial wiring; industrial wiring; farmstead, etc.)			
Name of Previous Employer		Date Started	Date Left
Mailing Address	City	State	Zip Code
Reason for Leaving			
Describe the nature of work. (Example: installing house wiring; commercial wiring; industrial wiring; farmstead, etc.)			
ATTACH ADDITIONAL WORK HISTORY PAGES IF NEEDED			

BELOW IS RESERVED FOR BOARD USE ONLY

EMPLOYER	EXPERIENCE CREDIT	
	HOURS	JURISDICTION
TOTAL		

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	For	MASTER	JOURNEYMAN	CLASS B	Examination
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APPROVED BY	DATE