North Dakota State Electrical Board
Non-GFCI Protected Equipment Notification

Installer Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Installing Company's Name:

Phone: _____ Email: _____

Installation Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Permit Number: _____ Date Installed.: _____

To date, what has the contractor done to resolve the issue: (Attach a separate sheet if necessary)

Appliance Information

Type of Equipment Installed (Mini Split, Heat Pump, AC or etc.): _____

Manufacturer's Name: _____

Please consider attaching a picture of the nameplate!

Panelboard/ Breaker Information

Panelboard Manufacturer's Name: _____

Panelboard Size: _____

Breaker Manufacturer's Name: _____

Breaker Model Number: _____ Breaker Size: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

* Please complete form and email to electric@nd.gov