



APPLICATION FOR POWER LIMITED ELECTRICIAN'S LICENSE
 NORTH DAKOTA STATE ELECTRICAL BOARD
 (6-2020)

- Complete all applicable items. Type or print legibly.
- \$50.00 application fee (check or money order) made payable to ND State Electrical Board (NDSEB) must accompany this application.
- There will be an additional licensing fee.
- Employment verification (SFN 11845) must accompany this application.

<input type="checkbox"/> Power Limited Electrician - \$50.00	<input type="checkbox"/> Examination <input type="checkbox"/> Endorsement
Re-Exam <input type="checkbox"/> No <input type="checkbox"/> Yes – if yes, submit application and fee only (employment verification not required)	

Name (First, Last)	Social Security Number	Date of Birth
Mailing Address		
City	State	ZIP Code
Cell Phone Number	Email Address	
Active Member of the Military <input type="checkbox"/> No <input type="checkbox"/> Yes	Spouse of a Member of the US Armed Forces or Reserves <input type="checkbox"/> No <input type="checkbox"/> Yes	
If Endorsement Requested – Enclose a valid Board Recognized Tradesman Certificate		
Graduated from High School or Received a GED <input type="checkbox"/> No <input type="checkbox"/> Yes	Completed or Graduated from a Power Limited Program <input type="checkbox"/> No <input type="checkbox"/> Yes – if yes – name of program	
Registered with the NDSEB as a Power Limited Apprentice <input type="checkbox"/> No <input type="checkbox"/> Yes		
Registered or Licensed with the NDSEB <input type="checkbox"/> No <input type="checkbox"/> Yes	Registered or Licensed in a state other than North Dakota <input type="checkbox"/> No <input type="checkbox"/> Yes – where?	
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		

I authorize investigation and certify that all statements contained in this application are true and accurate. In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification and verification purposes. Penalty for the applicant not including the social security number on their application will cause the application to not be processed.

Applicant Signature	Date
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EMPLOYMENT RECORD

Work History **Must** be Completed:

- **Minimum** of 6,000 hours for Power Limited Electrician.
- If self-employed, also provide work history prior to self-employment.
- For Re-Exam, list your current employer, if not employed list N/A.

Name of Present Employer	Date Started	Date Left	
Mailing Address	City	State	ZIP Code
Describe the nature of work.			
Name of Previous Employer	Date Started	Date Left	
Mailing Address	City	State	ZIP Code
Describe the nature of work.			
Name of Previous Employer	Date Started	Date Left	
Mailing Address	City	State	ZIP Code
Describe the nature of work.			
Name of Previous Employer	Date Started	Date Left	
Mailing Address	City	State	ZIP Code
Describe the nature of work.			
Name of Previous Employer	Date Started	Date Left	
Mailing Address	City	State	ZIP Code
Describe the nature of work.			

ATTACH ADDITIONAL EMPLOYMENT RECORD PAGES IF NEEDED

FOR OFFICE USE ONLY

Employer	Experience Credit	
	Hours	Jurisdiction
Certification Agency		
Total		
Re-Exam	Date	Score/Waiting Period

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved for <input type="checkbox"/> Examination <input type="checkbox"/> Endorsement	
Approved By	Date
Exam Date	Exam Score
License Number	Date Issued

Submit completed application to:

North Dakota State Electrical Board
 PO Box 7335
 Bismarck, ND 58507

Phone: 701-328-9522
 Fax: 701-328-9524
 Email address: electric@nd.gov
 Website: www.ndseb.com



EMPLOYMENT VERIFICATION
 NORTH DAKOTA STATE ELECTRICAL BOARD
 SFN 11845 (10-2020)

- Each employer must verify work experience separately. Please make copies as necessary.
- 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.

Experience Requirements:

- Master: 10,000 hours (one year 2,000 if ND Journeyman)
- Class B: 3,000 (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

Name of Applicant (First, Last)		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			
Dates of Employment Start Date: End Date:		Total Hours of Electrical/Power Limited Work	
Dates Above Taken from Payroll Records <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, please explain			
Work Completed in the State of North Dakota <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, attach a list of jobs, if jobs were inspected by a governmental authority and if a license was required			

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	Date
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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.

Notary Public _____

My Commission Expires _____