



APPLICATION FOR POWER LIMITED ELECTRICIAN'S LICENSE
 NORTH DAKOTA STATE ELECTRICAL BOARD (NDSEB)
 SFN 61903 (11-2020)

APPLICATION INSTRUCTIONS

- All fields must be completed, including signature and date. Allow 2 to 3 weeks for processing.
- Submit application and \$50.00 fee by one of the following:
 - Print, complete and mail to ND State Electrical Board, PO Box 7335, Bismarck, ND 58507 with a check or money order payable to ND State Electrical Board (NDSEB); or
 - Complete, download and email as a single PDF file to electric@nd.gov. Once an email confirmation is received from our office, applicant may call 701-328-9522 to make fee payment by credit or debit card.

**Note: A separate licensing fee will be required upon passing the exam or endorsement approved.*

APPLICANT REQUIREMENTS

- Work Experience must be completed as follows:
 - Minimum of 6,000 hours for Power Limited Electrician.
 - If self-employed need minimum hours of prior work experience.
 - Re-Exam, list your current employer, if not employed list N/A.
- Employment verification (SFN 11845) must accompany this application – not required for re-exam.

APPLICANT INFORMATION

License Type and Fee Power Limited Electrician - \$50.00	By <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
Name	Social Security Number	Date of Birth
Mailing Address	City	State ZIP Code
Cell Phone Number	Email Address	
Active Member of the US Armed Forces or Reserve? <input type="checkbox"/> No <input type="checkbox"/> Yes	Spouse of a Member of the US Armed Forces or Reserve? <input type="checkbox"/> No <input type="checkbox"/> Yes	
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	Name of Program	
Endorsement Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Enclose Valid Board Recognized Tradesman Certificate	
Registered with the NDSEB as a Power Limited Apprentice or 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	If Yes, List Other States	
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 to Felony, Explain in Detail		

WORK EXPERIENCE

Present Employer	City		State
Work Experience	Start Date	End Date	Est. Hours Worked
Previous Employer	City		State
Work Experience	Start Date	End Date	Est. Hours Worked
Previous Employer	City		State
Work Experience	Start Date	End Date	Est. Hours Worked
Previous Employer	City		State
Work Experience	Start Date	End Date	Est. Hours Worked
Previous Employer	City		State
Work Experience	Start Date	End Date	Est. Hours Worked
Previous Employer	City		State
Work Experience	Start Date	End Date	Est. Hours Worked
Previous Employer	City		State
Work Experience	Start Date	End Date	Est. Hours Worked

Attach Additional Work Experience if Needed

ACKNOWLEDGEMENT & SIGNATURE

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
---------------------	------

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

FOR OFFICE USE ONLY

Employer	Experience Credit	
	Hours	Jurisdiction
TOTAL		

Certification Agency	Completion Date

Re-Exam	Date	Score/Waiting Period

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