



## **INSTRUCTIONS FOR RE-EXAM APPLICANTS:**

Please do not submit until your waiting period has passed.

### **RE-EXAM CHECKLIST:**

- Application for Electrician's License
  - Complete the first page of the application with your personal information, sign & date at bottom.
  - List current employer on second page under employment record.
- Enclose application fee – **non refundable**
  - \$50 Master
  - \$25 Journeyman
  - \$40 Class B

**Make checks payable to: NDSEB**

**Mail to: NDSEB, PO Box 7335, Bismarck, ND 58507**



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

**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**

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"/> RE-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

### LIST YOUR CURRENT EMPLOYER FOR RE-EXAM:

Name of 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.)			

### BELOW IS RESERVED FOR BOARD USE ONLY

EXAMINATION RECORD			
Examination	Date	Score	WP

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