



INSTRUCTIONS FOR RECIPROCAL 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 AND you may be required to pay a reapplication fee.**

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 RECIPROCAL CHECKLIST:

- Application for Electrician's License (3 page document)
 - Employment record **must be completed:**
 - List each **individual** employer - minimum of 10,000 hours
 - **Note:** If self-employed need to complete **prior** work history.
 - **Note:** Union Records/letters, Social Security Records, license from another state, etc. are not accepted as employment record.
- \$50 Application fee – non refundable

NOTE: If you choose to engage in electrical contracting business in North Dakota, orientation is required (Owners or a responsible representative **and** the contracting master electrician of the electrical company must attend) and will be held at NDSEB office in Bismarck which will include an administrative rules review. Additional information will be provided in a letter if you are approved.

JOURNEYMAN RECIPROCAL CHECKLIST:

- Application for Electrician's License (3 page document)
 - Employment record **must be completed:**
 - List each **individual** employer - minimum of 8,000 hours
 - **Note:** Union Records/letters, Social Security Records, license from another state, etc. are not accepted as employment record.
- \$25 application license fee (separate check) – non refundable
- \$25 annual license fee (separate check) *Will be returned if not approved.

Make checks payable to: NDSEB

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



DATE RECEIVED:

APPLICATION FOR ELECTRICIAN'S RECIPROCAL LICENSE

The application process may take up to 30 days.

*NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION

*NOTE: THERE WILL BE AN ADDITIONAL LICENSING FEE.

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

FOR OFFICE USE ONLY:

License #: _____

Date Issued: _____

DESIGNATE TYPE OF LICENSE: <input type="checkbox"/> MASTER - \$50.00 * <input type="checkbox"/> JOURNEYMAN - \$25.00 *	<input type="checkbox"/> RECIPROCAL
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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	State	Zip Code	Email
How many years as a resident of North Dakota?	Education (highest completed) 9 10 11 12 13 14 15 16		
Have you successfully completed five hundred seventy six hours of apprenticeship training classes? <input type="checkbox"/> No <input type="checkbox"/> Yes -- If yes, list provider.			
Are you a graduate of an electrical trade school? <input type="checkbox"/> No <input type="checkbox"/> Yes		Name 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

WORK HISTORY **MUST** BE COMPLETED FOR RECIPROCITY:

MINIMUM OF 8,000 HOURS FOR JOURNEYMAN

MINIMUM OF 10,000 HOURS FOR MASTER

Note: If self-employed need minimum hours of prior work history.

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
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.)			

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

RECIPROCATING FROM STATE OF	DATE LICENSE ISSUED

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved For MASTER JOURNEYMAN License by Reciprocity

APPROVED BY	DATE