

APPLICATION FOR ELECTRICIAN'S LICENSE BY EXAM

NORTH DAKOTA STATE ELECTRICAL BOARD SFN 11858 (11-2020)

- Complete all applicable items. Type or print legibly.
- Appropriate application fee* (check or money order) made payable to ND State Electrical Board (NDSEB) must accompany this application.

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

- Work experience must be completed as follows:
 - o Minimum of 10,000 hours for Master (one year and 2,000 hours if ND Journeyman).
 - Minimum of 8,000 hours for Journeyman.
 - o Minimum of 3,000 hours for Class B farmstead or residential wiring only.
 - Provisional Military Spouse experience for at least two of the four years preceding the date of application.
 - o If self-employed need minimum hours of prior work experience.
 - o 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.

License Type and Application Fee					
☐ Master - \$50.00 ☐ Class B - \$40.00	☐ Journeyman - \$25.00 ☐ Provisional - Military Spouse - \$0.00				
Re-Exam					
□ No □ Yes - Submit Application and Fee Only					
Name (First, Last)	Social Security Number Date of Birth		Date of Birth		
,	,				
Mailing Address					
9					
City	State		ZIP Code		
-					
Cell Phone Number	Email Address				
Active Member of the Military	Spouse of a Member of the US Armed Forces or Reserve				
□ No □ Yes	□ No □ Yes				
Graduated from High School or Received a GED	Successfully Completed Apprenticeship Training Approved by NDSEB				
□ No □ Yes		s – Attach Completion Certific			
	(Journeyman Applicants Only)				
Graduate of an Electrical Trade School					
☐ No ☐ Yes - Attach Transcript (Journeyman Ap	oplicants Only)				
Registered or Licensed with the NDSEB	=	Licensed in a State Other than North Dakota			
□ No □ Yes	□ No □ Yes	s - Where?			
Ever Been Convicted of a Felony Under the Laws of	f this State or An	y Other Jurisdiction?			
□ No □ Yes - Explain fully on a separate sheet o	f paper				
Present Employer		City	State		
Work Experience (Commercial, Residential, Industrial, etc.)		Employment Dates	Est. Hours Worked		
Previous Employer		City	State		
Work Experience (Commercial, Residential, Industrial, etc.)		Employment Dates	Est. Hours Worked		

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Attach Additional Work Experience If Needed

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 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

FOR OFFICE USE ONLY

		Experience Credit			
Employer		Hours	Jurisdiction		
Education		Hours	Completion Date		
	TOTAL				
Re-Exam		Date	e Score/Waiting Period		
☐ Approved ☐ Denied ☐ Ma	ster 🗆 Jour	neyman	☐ Class B ☐ Provisional – Military Spouse		
Approved By		Date			
Exam Date		Exam \$	Exam Score		
License Number		Date Is	Date Issued		



EMPLOYMENT VERIFICATION

NORTH DAKOTA STATE ELECTRICAL BOARD SFN 11845 (12-2020)

- 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 (SFN 61903).

Experience Requirements:

- Master: 10,000 hours (one year and 2,000 hours if ND Journeyman).
- Class B: 3,000 hours (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/P	ower Limited Busine					
	Address			State	ZIP Code	
Master/Power Limited Name	Limited Name Master/Power Limited Lic		er/Power Limited Lice	ense Number		
		Dates Start	s of Employment Date:	End Date:		
Total Hours of Electrical/Power Limited Work (If ND Journeyman applying for Master, provide hours as a Journeyman		lourneymar	n)	Dates Above Taken from Payroll Records ☐ Yes ☐ No - Explain		
Work Completed in the State of N ☐ Yes ☐ No - Attach a List of		Hours Wo	orked in Each Jurisdic	tion		
I declare under the penalties of pe complete record.	rjury that this employ	ment verif	fication is to the best o	of my knowledge a	nd belief a true, correct, and	
Signature of Contracting Master/	Power Limited Electr	ician in Pr	esence of Notary	Date		
State of	County					
Before me, a notary public in and f person who executed the within ar						
On this day:	Date					
Name of Individual Signing Docu	ment		Affix Notary Stamp			
Signature of Notary Public or Oth	er Authorized Office	r				
Commission Expiration Date (if not listed on stamp)						

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