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:
 - Minimum of 10,000 hours for Master (one year and 2,000 hours if ND Journeyman).
 - Minimum of 8,000 hours for Journeyman.
 - 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.
 - 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		
Mailing Address				
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	□ No □ Yes – Attach Completion Certificate			
	(Journeyman Applicants Only)			
Graduate of an Electrical Trade School				
No D Yes - Attach Transcript (Journeyman Applicants Only)				
Registered or Licensed with the NDSEB	Registered or Licensed in a State Other than North Dakota			
🗆 No 🗆 Yes	□ No □ Yes - Where?			
Ever Been Convicted of a Felony Under the Laws of this State or Any Other Jurisdiction?				
No DYes - Explain fully on a separate sheet of paper				

Present Employer	City	State
Work Experience (Commercial Decidential Industrial etc.)	Employment Detec	Fat Hours Worked
Work Experience (Commercial, Residential, Industrial, etc.)	Employment Dates	Est. Hours Worked
		Stato
Previous Employer	City	State
Work Experience (Commercial, Residential, Industrial, etc.)	Employment Dates	State Est. Hours Worked

Previous 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
Previous 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
Previous 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

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	Score/Waiting Period

Approved Denied	For Master	□ Journey	man	□ Class B	Provisional – Military Spouse
Approved By			Date		
Exam Date			Exam	Score	
License Number			Date I	ssued	