



APPLICATION FOR ELECTRICIAN'S LICENSE BY EXAM

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

- Complete all items, sign and date below. Mail to PO Box 7335, Bismarck, ND 58507 or email to electric@nd.gov.
- Appropriate application fee* (check or money order) made payable to ND State Electrical Board (NDSEB) or credit card by phone (701-328-9522) 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.
 - Re-exam, list your current employer, if not employed list N/A.
- Successfully completed related training if majority of practical experience was obtained in North Dakota.
- Employment verification (SFN 11845) must accompany this application – not required for re-exam.

License Type and Application Fee			
<input type="checkbox"/> Master - \$50.00	<input type="checkbox"/> Class B - \$40.00	<input type="checkbox"/> Journeyman - \$25.00	<input type="checkbox"/> Provisional - Military Spouse - \$0.00
Re-Exam			
<input type="checkbox"/> No <input type="checkbox"/> 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 <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		Successfully Completed Apprenticeship Training Approved by NDSEB <input type="checkbox"/> No <input type="checkbox"/> Yes – Attach Completion Certificate (Journeyman Applicants Only – Not Required for Re-Exam)			
Graduate of an Electrical Trade School <input type="checkbox"/> No <input type="checkbox"/> Yes - Attach Transcript (Journeyman Applicants Only – Not Required for Re-Exam)					
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 - Where?			
Ever Been Convicted of a Felony Under the Laws of this State or Any Other Jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain fully on a separate sheet of 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
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Submit completed application to:

North Dakota State Electrical Board
 PO Box 7335
 Bismarck, ND 5850

Phone: 701-328-9522
 Email address: electric@nd.gov
 Website: www.ndseb.com

FOR OFFICE USE ONLY

Employer	Experience Credit	
	Hours	Jurisdiction

Education	Hours	Completion Date
TOTAL		

Re-Exam	Date	Score/Waiting Period

<input type="checkbox"/> Approved <input type="checkbox"/> Denied		For <input type="checkbox"/> Master <input type="checkbox"/> Journeyman <input type="checkbox"/> Class B <input type="checkbox"/> Provisional – Military Spouse			
Approved By		Date			
Exam Date		Exam Score			
License Number		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/Power Limited Business			
Address	City	State	ZIP Code
Master/Power Limited Name	Master/Power Limited License Number		
Position Held by Applicant	Date(s) of Employment Start Date(s):		End Date(s):
Total Hours of Electrical/Power Limited Work (If ND Journeyman applying for Master, provide hours as a Journeyman)		Date(s) Above Taken from Payroll Records <input type="checkbox"/> Yes <input type="checkbox"/> No - Explain	
Work Completed in the State of North Dakota <input type="checkbox"/> Yes <input type="checkbox"/> No - Attach a List of Jobs, if Jobs were Inspected by a Governmental Authority and if a License was Required			

I declare under the penalties of perjury that this employment verification is to the best of my knowledge and belief a true, correct, and complete record.

Signature of Contracting Master/Power Limited Electrician in Presence of Notary	Date
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State of	County
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Before me, a notary public in and for said county/state, the NAMED PERSON below, personally appeared before me to be the same person who executed the within and foregoing document and he/she acknowledges to me that he/she executed the same.

On this day:	Date
Name(s) of Individual Making Statement (By)	Affix Notary Stamp
Signature of Notary Public or Other Authorized Officer	
Commission Expiration Date (if not listed on stamp)	