



APPLICATION FOR ELEVATOR MECHANIC LICENSE
NORTH DAKOTA STATE ELECTRICAL BOARD (NDSEB)

APPLICANT REQUIREMENTS

- A minimum of 8,000 hours of conveyance construction experience.
- Completion of approved apprenticeship program; NEIEP, CET.
- Documentation of licensure in another state.
 - If you did not complete an apprenticeship program or are not licensed in another state; provide verification of hours on Employment Verification.

APPLICANT INFORMATION

☐ Elevator Mechanic Application Fee - \$50.00 ☐ Provisional-Military Spouse - \$0.00 <i>* After application approval or passing the exam, a separate and additional fee will be required to issue the license.</i>					
Name		Social Security Number		Date of Birth	
Mailing Address		City		State	ZIP Code
Cell Phone Number		Email Address			
Active Member of the US Armed Forces or Reserve? ☐ No ☐ Yes		Spouse of a Member of the US Armed Forces or Reserve? ☐ No ☐ Yes			
Graduated from High School or Received a GED? ☐ No ☐ Yes					
Successfully Completed Apprenticeship Training? ☐ No ☐ Yes		If Yes, Attach Completion Certificate			
Registered or Licensed with the NDSEB? ☐ No ☐ Yes					
Registered or Licensed in a State Other than North Dakota? ☐ No ☐ Yes		If Yes, List Other States			
Ever Been Convicted of a Felony Under the Laws of this State or Any Other Jurisdiction? ☐ No ☐ Yes					
If Yes to Felony, Explain in Detail					

WORK EXPERIENCE

List all contractors you were employed with including trades other than Elevator Contractors.

Present Employer	City		State
Work Experience	Start Date	End Date	Hours Worked
Previous Employer	City		State
Work Experience	Start Date	End Date	Hours Worked
Previous Employer	City		State
Work Experience	Start Date	End Date	Hours Worked
Previous Employer	City		State
Work Experience	Start Date	End Date	Hours Worked
Previous Employer	City		State
Work Experience	Start Date	End Date	Hours Worked

Attach additional work experience if needed

ACKNOWLEDGEMENT & SIGNATURE

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

- Print, complete and mail with \$50.00 application fee to ND State Electrical Board, PO Box 7335, Bismarck, ND 58507 with a check or money order payable to ND State Electrical Board (NDSEB); or
- Complete, download and email as a single PDF file to electric@nd.gov. Once an email confirmation is received from our office, applicant may call 701-328-9522 to make the appropriate application fee payment by credit or debit card.
- For more information, call us at 701-328-9522 or visit the NDSEB website at www.ndseb.com

FOR OFFICE USE ONLY

Employer	Experience Credit	
	Hours	Jurisdiction
Registered or Licensed in Another State	State	Registration or License Number

Education	Hours	Completion Date
TOTAL		

Re-Exam	Date	Score/Waiting Period

☐ Approved ☐ Denied	☐ Licensure in Another State ☐ Exam
Exam Date, if applicable	Exam Score, if applicable
License Number	Date Issued



EMPLOYMENT VERIFICATION
NORTH DAKOTA STATE ELECTRICAL BOARD (NDSEB)

APPLICATION INSTRUCTIONS

- Employment verification is required if you have not completed an apprenticeship program or not licensed in another state.
- Each employer must complete a separate verification of work experience and sign in presence of notary.
- 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 Elevator Contractor or Elevator Mechanic License Application.

EXPERIENCE REQUIREMENTS

- Elevator Contractor: 5 years of practical elevator installations.
- Elevator Mechanic; 8,000 hours.
- Provisional-Military Spouse: experience for at least two of the four years preceding the date of application.

APPLICANT INFORMATION

Name of Applicant		Last 4 of Social Security Number	
Address	City	State	ZIP Code
Name of Elevator Contractor Business			
Address	City	State	ZIP Code
Elevator Contractor Name		Elevator Contractor License Number	
Position Held by Applicant	Employment Start Date	Employment End Date	
Total Hours of Elevator Work	Employment Dates and Hours from Payroll Records? ☐ Yes ☐ No		
If Dates and Hours Not from Payroll Records, Explain			

ACKNOWLEDGEMENT AND SIGNATURE

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 Elevator Contractor in Presence of Notary	Date
--	------

NOTARY PUBLIC

State of	County
----------	--------

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	Affix Notary Stamp
Name of Individual Signing Document		
Signature of Notary Public or Other Authorized Officer		
Commission Expiration Date (if not listed on stamp)		

SUBMIT COMPLETED APPLICATION

- Return this form to the Applicant, who must then submit it along with their Elevator Contractor or Elevator Mechanic License Application.
- For more information, you can contact us:
 - By mail at North Dakota State Electrical Board, PO Box 7335, Bismarck, ND 58507; or
 - By phone at 701-328-9522; or
 - By visiting the NDSEB website at www.ndseb.com