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

APPLICATION INSTRUCTIONS

All fields must be completed, including signature and date. For submittal instructions, see the "Submit Completed Application" section on Page 2 of this application.

LICENSE REQUIREMENTS

- Application must be completed as follows:
  - Provide proof of a minimum of 8,000 hours for Elevator Mechanic.
  - Provide certificate of completion of approved apprenticeship Program; NEIEP, CET.
  - Provide documentation of being registered or licensed in another state.
  - Application fee of $50.00 AND License fee of $50.00.
- If you did not complete an apprenticeship program, you must provide verification of hours from payroll records, pay stubs.

APPLICANT INFORMATION

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 an Active 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
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 a $50.00 application fee AND $50.00 license 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
- 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		Completion Date
TOTAL		

Re-Exam	Date	Score/Waiting Period

☐ Approved ☐ Denied	☐ Registered or Licensed in Another State ☐ Exam
Approved By	Date
Exam Date; if required	Exam Score; if required
License Number	Date Issued