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

APPLICATION INSTRUCTIONS

- 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 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.

APPLICANT INFORMATION

Name of Applicant		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	Employment Start Date	Employment End Date	
Total Hours of Electrical/Power Limited Work	*** If ND Journeyman applying for Master,only provide hours worked as a Journeyman*		
Employment Dates and Hours from Payroll Records? ☐ Yes ☐ No	If Dates and Hours Not from Payroll Records, Explain		
Work Completed in the State of North Dakota? ☐ Yes ☐ No			
If No, Provide a List of Jurisdictions (States, Counties, Cities) and Hours Worked in Each Jurisdiction			

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 Contracting Master/Power Limited Electrician 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 Application for Electrician's License by Exam (SFN 11858) or Application for Power Limited Electrician's License (SFN 61903).
- 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