



APPL# \_\_\_\_\_  
For Office Use Only

STATE OF NEW HAMPSHIRE

APPLICATION FOR ELECTRICIAN APPRENTICE  
OR  
APPLICATION FOR HIGH/MEDIUM VOLTAGE TRAINEE

- \$30.00 ID Card Fee – Electrician Apprentice
- \$30.00 ID Card Fee – High/Medium Voltage Trainee

CASH IS NOT ACCEPTED

The application must be filled out completely and typewritten  
Check Payable to "Treasurer, State of NH" (Non-Refundable Fee)

1. General Information

Name \_\_\_\_\_ SS# \_\_\_\_\_

Last First Middle

Mailing Address \_\_\_\_\_  
Street City State Zip Code

Personal Phone \_\_\_\_\_ Current Position Held \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Street City State Zip Code

Business Phone \_\_\_\_\_

2. Job History

Name of Current Employer	Address	Nature of Employer's Business	Date Employment
Name of Most Recent Former Electrical Employer	Address		

3. Supervising High/Medium Voltage or Master Electrician Information

Name	License Number
Supervisors Original Signature:	

#### 4. References of Character and Qualifications

Applicant will give the names and addresses of 3 references of persons unrelated to the applicant who have knowledge of the applicant's professional character per Elec 301.04.

Name	Address including zip code

#### 5. Education

INSTITUTION AND LOCATION	FROM	TO	GRADUATION DATE	CREDITS COMPLETED	MAJOR & DEGREE AWARDED
<b>High School</b>					
1.					
<b>Colleges and Universities:</b>					
1.					
2.					
3.					
4.					

2. Please list courses related to electrical training.

COURSE TITLE	COURSE DATES		EDUCATIONAL INSTITUTION	CERTIFICATES OBTAINED
	TO	FROM		

## 6. General Information Questions

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Have you ever been convicted of any felony criminal convictions that have not been annulled by a court pursuant to RSA 651:5 and if not annulled, please include a written explanation including the Date of the conviction, the nature of the offence, the penalty imposed by the court, including any terms of probation, and any continuing court requirements.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has your right of apprenticeship or right to train as a high/medium voltage electrician ever been suspended, revoked, or sanctioned in any jurisdiction, if so, include the name and location of the particular administrative agency, an explanation of the circumstances, date of administrative agency's action, and reason for the administrative agency's action, including whether it was a result of a settlement. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you licensed as an electrician or a high/medium voltage electrician in another State, if so please name that state: _____   | <input type="checkbox"/> | <input type="checkbox"/> |

## 7. Photograph

Pursuant to Elec 301.04, Attach a photograph of the applicant taken not more than six (6) months prior to the date of the application. Date Picture was taken: \_\_\_\_\_

## 8. Affidavits

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material, not only to the issuance of the certificate of licensure, as applied for, but also to the retention of said certificate, if issued.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

ADDRESS ALL COMMUNICATIONS TO:

NH OPLC - TECHNICAL DIVISION  
121 SOUTH FRUIT STREET, SUITE 201  
CONCORD, N.H. 03301

*Find us on the on-line at <http://www.oplc.nh.gov/electricians/index.htm>*

**Credit Card Sheets are not accepted via e-mail**

**You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.**

**This page will be destroyed after the transaction has taken place.**

Transaction Type:		Amount Due:	
Card Type: (please select one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <b>(required)</b>			
Card Number			<b>(required)</b>
Expiration Date:	Month:	Year:	<b>(required)</b>
<b>Billing Name and Address (your billing address must match the address associated with the credit card you are using.)</b>			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			