

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF TECHNICAL PROFESSIONS

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PETER DANLES
Executive Director

LINDA CAPUCHINO
Division Director



**NH MASTER, JOURNEYMAN, AND HIGH/MEDIUM VOLTAGE
ELECTRICIAN RENEWAL FORM**

Part I. LICENSEE INFORMATION

LICENSE EXPIRATION DATE _____ DATE OF BIRTH _____
NAME _____ LICENSE # _____
MAILING ADDRESS _____ HOME PHONE _____
EMAIL ADDRESS _____
EMPLOYER'S NAME & ADDRESS _____ WORK PHONE _____

Are You: Self Employed Employee Not Electrical Unemployed

Part II. FEE SCHEDULE

CRITERIA

PAYMENT INFORMATION

- | | | |
|---|---|--|
| <input type="checkbox"/> Journeyman Electrician Fee 150.00 | 3 Year Renewal | Make check payable to
"Treasurer, State of New
Hampshire" or use the enclosed credit
card sheet (CASH IS NOT ACCEPTED)
ALL FEES ARE NON-REFUNDABLE |
| <input type="checkbox"/> Master Electrician Fee \$270.00 | 3 Year Renewal | |
| <input type="checkbox"/> High/Medium Voltage Electrician Fee \$270.00 | 3 Year Renewal | |
| <input type="checkbox"/> Late fee \$50.00 | Include \$50.00 If over 30 days and up to 12 months late. If more than 12 months late contact the office. | |

Part III. QUESTIONS

INCLUDE EXPLANATION ON A SEPARATE SHEET

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. ☐ ☐
2. Has your electrician license 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. ☐ ☐

Part IV. CERTIFICATION

CONTINUING EDUCATION:

Name of NEC Code Provider: _____ Date Completed _____

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.



SIGN HERE _____

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

Rev. 10/19/16

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 (required)			
Card Number			(required)
Expiration Date:	Month:	Year:	(required)
Billing Name and Address (your billing address must match the address associated with the credit card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			