



**STATE OF NEW HAMPSHIRE
ELECTRICIANS' BOARD**

FOR BOARD USE ONLY
Provider Number Assigned: _____

**REQUEST FOR
30 HOUR APPRENTICE CONTINUING
EDUCATION APPROVAL**

Mail completed application to: ELECTRICIANS BOARD
NH OPLC – TECHNICAL DIVISION
121 SOUTH FRUIT STREET, SUITE 201
CONCORD, N.H. 03301
Questions? Contact:
pamela.olin@oplc.nh.gov
<https://www.oplc.nh.gov/electricians/index.htm>

Provider's Name:		Date:	
Responsible Licensee's Name:			
Address:			
Street	City	State	ZipCode
E-Mail:		Phone:	
Type of Provider:	<input type="checkbox"/> Educational Facility	<input type="checkbox"/> Company	<input type="checkbox"/> Individual
Type of Facility:	<input type="checkbox"/> School	<input type="checkbox"/> Meeting Room	<input type="checkbox"/> Other
Type of Course:	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekend	<input type="checkbox"/> Online
Provider's or Responsible Licensee's License #:		Phone:	
Location of Courses:			
<u>For all Submissions Please Include:</u>			
<input type="checkbox"/> The provider's resume(s). (This includes all providers' instructing the course). <input type="checkbox"/> A copy of the provider's electrician license(s). (This includes all providers' instructing the course). <input type="checkbox"/> If not licensed in NH, a certified letter from the licensing agency verifying that the provider has a valid license in good standing. <input type="checkbox"/> A course outline, which shall include the "License and Installation Concerns" (on website) <input type="checkbox"/> A certificate that includes the flowing: <ul style="list-style-type: none"> ➤ Provider's name; ➤ Year of the code; ➤ Name and apprentice number of the apprentice completing the course; ➤ Date of completion; ➤ Number of hours provided in course; and ➤ Provider's signature. 			
<input type="checkbox"/> I grant the Board permission to visit the program site for the purpose of assessing compliance with the Board's requirements for approval of licensing courses.			
Signature:			