



**STATE OF NEW HAMPSHIRE
ELECTRICIANS' BOARD**

7 Eagle Square
Concord, NH 03301

603-271-2152 fax-271-7928

<https://www.oplc.nh.gov/electricians/index.htm>

APPLICATION FOR RENEWAL:

**APPRENTICE ELECTRICIAN - \$30 ID CARD FEE
HIGH MEDIUM VOLTAGE TRAINEE- \$30 ID CARD FEE**

Check Payable to 'Treasurer State of NH' (Non-Refundable Fee)

Name:		ID #:	Expires:	
Phone#:	E-Mail:		Date of Birth:	
Mailing Address:				
<u>EMPLOYMENT</u>				
Employer's Name:		Employer's Phone #:		
Employer's Address:				
Master Electrician's name:		# Apprentice Hours Claimed:		
Master Electrician's signature:		Master's License #:		
<u>CONTINUING EDUCATION REQUIREMENTS FOR APPRENTICE</u>				
<p>Include: A copy of a certificate, transcript or official letter of electrical schooling for the past year. 150 hours per year for the first 4 renewals (until you complete the 600 hour program) and 30 hours continuing education per year each renewal after that. *High School students are required to include a letter on school letterhead from the guidance counselor verifying that they are still enrolled in high school or from the school district if they are being home schooled and are currently on track for graduation and 10 hour OSHA course or enrollment in CTE program.</p>				
<u>QUESTIONS: INCLUDE EXPLANATION ON A SEPARATE SHEET</u>			YES	NO
<p>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.</p>			<input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>			<input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>				
Signature of Applicant			Date	

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.

Fax: 603-271-7928

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 :			