



**STATE OF NEW HAMPSHIRE  
ELECTRICIANS' BOARD**

**7 Eagle Square  
Concord, NH 03301**

**603-271-2152 fax-603-271-7928**

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

**APPLICATION FOR CORPORATION:**

- NEW - \$175**  
 **RENEWAL - \$125**

**LATE FEE - \$50 ADDITIONAL IF OVER 30 DAYS LATE**

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

Corporation Number:		New:	Renewal:	
Corporation Name:				
Type:	Electrical:	High Medium Voltage:	Temp Agency:	
Mailing Address:				
Street		City	State	Zip Code
E-Mail:		Phone:		
<b><u>LIST MASTER/HMV IN CHARGE</u> - Signature below must be original</b>				
Full Name:	Address and Phone #:	NH License #:	Full/Part time	# Hours/week
<b>Master/HMV Signature:</b>			<b>Date:</b>	
<ul style="list-style-type: none"> <li>➤ Master or High Medium Voltage (HMV) Electrician may sign above for HMV Corporation</li> <li>➤ Master Electrician <b>must</b> sign above for Electrical Corporation</li> </ul>				
<b><u>LIST DUTIES OF MASTER/HMV ELECTRICIAN</u> - Attach Additional Sheets if Necessary</b>				
<b><u>REGISTRATION WITH THE SECRETARY OF STATE</u></b>				
Is your registration current with the Secretary of State?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
<b>A current certificate must accompany application</b>				
I attest that the information contained in this form is true and correct to the best of my knowledge and belief and acknowledge that the provision of false information in the application is a basis for disciplinary action by the Board.				
<b>President/Director/Partner Original Signature</b>		<b>Type or Print Name</b>		<b>Date</b>

**Certificates will be emailed to the email listed on this form.**

**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 ( <b>required</b> )			
Card Number			( <b>required</b> )
Expiration Date:	Month:	Year:	( <b>required</b> )
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 :			