



**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:**

**JOURNEYMAN REINSTATEMENT – SEE ATTACHED FEE SCHEDULE**

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

Name:			Date of Birth:		
Last	First	Middle Initial	SS #:		
Mailing Address:					
Street		City	State	Zip Code	
E-Mail:			Phone:		
<b><u>EMPLOYMENT</u></b>					
Employer's Name:					
Employer's Address:					
Street		City	State	Zip Code	
Employer's Phone #:					
<b><u>JOURNEYMAN LICENSE</u></b>					
NH Journeyman License #:			Date Expired:		
<b><u>MASTER LICENSE</u></b>					
NH Master License #:			Expiration Date:		

<b><u>QUESTIONS</u></b>		
	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 electrician's 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.	<input type="checkbox"/>	<input type="checkbox"/>
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

**2020 PRORATED FEE SCHEDULE TO REINSTATE JOURNEYMAN LICENSES**

<b><u>BIRTH MONTH</u></b>	<b><u>LICENSE FEE</u></b>	<b><u>EXPIRATION YEAR</u></b>
MARCH, JUNE, SEPTEMBER, DECEMBER	\$150.00	2023
FEBRUARY, MAY, AUGUST, NOVEMBER	\$50.00	2021
JANUARY, APRIL, JULY, OCTOBER	\$100.00	2022

**IF YOU ARE REINSTATING THE JOURNEYMAN FOR RECIPROCITY WITH MASSACHUSETTS OR VERMONT AND NEED A CERTIFIED STATEMENT PLEASE INCLUDE AN ADDITIONAL \$10.00.**

**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 :			