



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
 7 Eagle Square, Concord, NH 03301
 Phone: 603-271-2152

<https://www.oplc.nh.gov/electricians-board>

APPLICATION FOR NEW:
APPRENTICE ELECTRICIAN
HIGH MEDIUM VOLTAGE TRAINEE

****SEE WEBSITE FOR FEES****

Name:			Date of Birth:		
Last	First	Middle Initial	SS #:		
Mailing Address:					
Street		City	State	Zip Code	
E-Mail:			Phone:		
<input type="checkbox"/>	High school Student (age 16-18)		<input type="checkbox"/>	Graduated high school (age 18 or older)	
<u>EMPLOYMENT</u>					
Employer's Name:					
Employer's Address:					
Street		City	State	Zip Code	
Nature of Employer's Business:					
Employer's Phone #:			Date Employment Started:		
Master Electrician's signature:			Master's License #:		
Former Employer's name:					
Former Employer's Address:					

REFERENCES

Applicant will give the names and addresses of 3 references of persons unrelated to the applicant who have knowledge of the applicant's professional character per Elec 301.04.

Name:	Address:
Name:	Address:
Name:	Address:

QUESTIONS

	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"/>
3. Are you licensed as an electrician or a high/medium voltage electrician in another State, if so please name that state: _____	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION

High School / College /Apprentice Program	Name of School	Graduation Date	Diploma/Degree

PHOTOGRAPH

Pursuant to Elec 301.04, Attach a **color** photograph of the applicant taken not more than six (6) months prior to the date of the application.

Date Picture was taken:

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