



**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 NEW:

- 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:			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

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 :			