



**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

<b>Provider Number Assigned:</b>
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**REQUEST FOR FOUR YEAR APPRENTICE SCHOOLING  
 EDUCATION APPROVAL**

Provider's Name:	Date:
Responsible Licensee's Name:	
Address:	
Street	City
State	Zip Code
E-Mail:	Phone:
Type of Provider: <input type="checkbox"/> Educational Facility <input type="checkbox"/> Company <input type="checkbox"/> Individual	
Type of Facility: <input type="checkbox"/> School <input type="checkbox"/> Meeting Room <input type="checkbox"/> Computer	
Type of Course: <input type="checkbox"/> Virtual <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Online	
Provider's or Responsible Licensee's License #:	Phone:
Location of Courses:	
<b><u>For all Submissions Please Include:</u></b>	
<input type="checkbox"/> The provider's resume(s). (This includes all providers' instructing the course). <input type="checkbox"/> A copy of the provider's electrician license(s). (This includes all providers' instructing the course). <input type="checkbox"/> If not licensed in NH, a certified letter from the licensing agency verifying that the provider has a valid license in good standing. <input type="checkbox"/> A course outline (Must follow the current NH Apprentice Training Curriculum) <input type="checkbox"/> Class Size- No more than 25 Students on Virtual Classrooms* <input type="checkbox"/> A certificate that includes the following: <ul style="list-style-type: none"> <li>➤ Provider's School Name;</li> <li>➤ School Owners Name;</li> <li>➤ Name and apprentice number of the apprentice completing the course;</li> <li>➤ Date of completion;</li> <li>➤ Number of hours provided in course; By School Year i.e.: Year 1, Year 2</li> </ul>	
<input type="checkbox"/> I grant the Board permission to visit the program site for the purpose of assessing compliance with the Board's requirements for approval of licensing courses.	
Signature:	
<b>PLEASE NOTE MAXIMUM CLASS SIZE IS 25 STUDENTS IN A VIRTUAL CLASSROOM</b>	
<b>*plus no more than 2 students attending to make up absences.</b>	