



**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 RELICENSE EXAM:

- MASTER - \$25 APPLICATION FEE**
 JOURNEYMAN - \$25 APPLICATION 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:		
<u>EMPLOYMENT</u>					
Employer's Name:					
Employer's Address:					
Street		City	State	Zip Code	
Employer's Phone #:					
<u>PREVIOUS NH LICENSE</u>					
NH License #:		Date Expired:		Master:	Journeyman:
<u>CURRENT LICENSE IN ANOTHER STATE</u>					
Current License in what State?		Expiration Date:		Master:	Journeyman:

<u>QUESTIONS</u>	
	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

Instructions To Apply For The Relicense Exam
(New Hampshire License Has Expired More Than One Year)

Complete the application send and include a check for \$25.00 **and** proof of a 15-hour course on the current National Electrical Code.

If your New Hampshire license has expired more than 3 years include one of the following in addition:

- Certified statement of licensure in another state showing that you were licensed there for the entire the time period that your NH license was lapsed.
- Letter(s) on company letterhead, signed by the owner or a supervisor, specifying duties and including dates of employment, for jurisdictions where no electrical licensing is required during the time period that your NH license was lapsed.
- Expired more than **3** and up to **6** years: Proof of a 45 hour course on the current National Electrical Code.
- Expired more than **6** and up to **10** years: Proof of a 90 hour course on the current National Electrical Code.

Once we have received the information above and your application has been approved you will be notified by the testing company so you can schedule the 20 question exam You will be allowed to bring the current National Electrical Code book with you.

*If your New Hampshire Master license is active and you need to reinstate your journeyman license for reciprocity please use the reinstatement instructions and application, in that case no exam is required.

rec 9/2020

christine.horne@opl.nh.gov

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 :			