



**State of New Hampshire**  
 OFFICE OF THE STATE FIRE MARSHAL  
**BUREAU OF ELECTRICAL SAFETY AND LICENSING**  
 Mailing Address: 33 Hazen Drive, Concord, NH 03305  
 Office: 110 Smokey Bear Boulevard, Concord, NH  
 (603) 223-4289  
 www.nh.gov/safety/divisions/firesafety/building/electrician/



PLEASE BE ADVISED THAT YOUR NEW HAMPSHIRE ELECTRICIAN'S LICENSE ***EXPIRES*** \_\_\_\_\_.  
 If you desire to renew your license, complete this form and return it with the appropriate fee to this office. ***PLEASE REMEMBER THAT YOU CANNOT WORK ON AN EXPIRED LICENSE.*** For licenses which have **EXPIRED OVER ONE MONTH** there is an **additional late fee of \$50.00 per license.** For licenses which have **EXPIRED OVER ONE YEAR**, licensee **SHALL REAPPLY and PASS AN EXAMINATION** for a new license.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
                     *First*                    *Middle Initial*                    *Last*

LICENSE #(s): \_\_\_\_\_ **N.H. JOURNEYMAN / MASTER / HIGH MEDIUM VOLTAGE**  
 (*circle license(s) being renewed*)

RESIDENCE ADDRESS

MAILING ADDRESS

Street	<i>Please indicate which: RR, Box and/or PO Box</i>
City, State, & Zip Code	City, State, & Zip Code

Area Code & Phone #: (**Work**) \_\_\_\_\_ (**Home**) \_\_\_\_\_ (**Cell**) \_\_\_\_\_

EMPLOYMENT STATUS - Self-employed \_\_\_\_\_ Employee \_\_\_\_\_ Not Electrical \_\_\_\_\_ Unemployed \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address of Company or Employer \_\_\_\_\_

Name of 2008 NEC Code Provider: \_\_\_\_\_ Date course completed: \_\_\_\_\_

Have you ever been convicted of a crime that has not been annulled by a court? (Please circle one)      YES      NO

If the answer to the preceding question is yes,

(a) describe the nature of the crime for which you were convicted; \_\_\_\_\_

(b) the date of the conviction; \_\_\_\_\_

(c) the penalty imposed by the court; \_\_\_\_\_

(d) the terms of probation, if any, and the name, address and phone number of all probation officers; \_\_\_\_\_

\_\_\_\_\_

and (e) any continuing court requirements \_\_\_\_\_

\_\_\_\_\_

Have you ever had your licensure as an electrician suspended, revoked or otherwise sanctioned in any other jurisdiction?

(Please circle one) YES NO

If the answer to the preceding question is yes, please provide an explanation of the circumstances including but not limited

to the name and location of the licensing board, the date of the discipline or loss of license and the reason for the action.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Original Signature Required

INCLUDE A CLEAR PASSPORT SIZE COLOR PHOTO WITH YOUR RENEWAL FORM.

**WE CANNOT ACCEPT CASH. MAKE CHECKS PAYABLE TO: TREASURER, STATE OF NEW HAMPSHIRE.**

**FEES (3 year license): JOURNEYMAN: \$90.00 MASTER: \$210.00 HIGH MEDIUM VOLTAGE: \$135.00**

**STATE OF NEW HAMPSHIRE RETURNED CHECK POLICY**

- We may re-present your checks electronically for any check returned for insufficient or uncollected funds.
- Your returned check will not be provided to you with your bank statement, but you can get a copy by contacting your financial institution.
- Per RSA 6:11-a, a fee of \$25 or 5 percent of the face amount of the check, whichever is greater, plus bank fees, will be charged for each returned check and collected with a separate electronic transaction.

**CORPORATIONS AND PARTNERSHIPS:** All corporations or partnerships registered by the state of NH secretary of state, doing electrical installations in which the master electrician, directly in charge of all aspects of the electrical installations, has controlling interest **may** be licensed as a corporation or partnership as required by RSA 319-C:10. All other corporations or partnerships registered by the state of NH secretary of state, doing electrical installations **shall** be licensed as a corporation or partnership as required by RSA 319-C:10. The corporation or partnership shall have a NH master electrician currently licensed in NH who is directly in charge of all aspects of their electrical installations.

FOR DEPARTMENT USE ONLY

Fee Received \_\_\_\_\_

Check Number \_\_\_\_\_